



HERBERT INSURANCE GROUP LIMITED

# SHIELD COMMERCIAL MOTOR VEHICLE PROPOSAL

## YOUR DETAILS

The Proposer(s):			
Address:			
Email:		Fax No:	
Interested Parties:			
Business / Occupation			
Telephone – Private	( )	Business	( )
		Mobile	( )
When do you need cover	From start date	To	At 4pm and renewable annually
How do you wish to pay	Annually	Monthly	(please complete a separate form if paying monthly)

## VEHICLES & USE

Vehicle	Cover Type	Year, Make & exact Model	CC Rating	Registration Number	Market Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note: Sum Insured should include all accessories affixed to the Insured Vehicles, and should be no less than Market Value.

Cover Type	TYPES OF COVER – Please indicate which cover is to apply to each vehicle in the above cover column.
C	Comprehensive – All Sections of the Policy apply
F	Third Party, Fire & Theft – Section 1 for Fire, Theft and Conversion only and Section 2 Third Party Property Damage.
T	Third Party – Section 2 Third Party Property Damage only.

## INTENDED DRIVERS (Please list/attach the principal drivers that will use the vehicles)

1.	D.O.B	5.	D.O.B
2.	D.O.B	6.	D.O.B
3.	D.O.B	7.	D.O.B
4.	D.O.B	8.	D.O.B

## VEHICLE USE

1	Are there vehicles fitted with any anti-theft devices or fire extinguishers?	Yes	No
2	Are there any additional Alarms or Immobilisers fitted to the vehicle?	Yes	No
3	Do any of your vehicles have a regular run of 100kms in each run more than once a week?	Yes	No
4	Are any of your vehicles operated more than 10 hours per day?	Yes	No
5	Are any of the vehicles designed for bulk transportation of inflammable liquids or gases?	Yes	No
6	Do you carry toxic chemicals, acids, explosives or items considered dangerous?	Yes	No
7	Do you hire out any of your vehicles?	Yes	No
8	Where are the vehicles normally housed when not in use. i.e. locked garage, locked yard etc.?		

## GENERAL QUESTIONS

NOTE: If you answer "Yes" to any of the following Questions you must provide all details.

**Are you the owner of all the Insured Vehicles, if not, specify those who have financial interest?**

Names:

Postal Address:

**Have you or any Intended driver, involved in the operation of the Insured Vehicles:**

1. Ever been charged with a Log Book Offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Ever been convicted of a Motoring Offence, other than parking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Ever had a Drivers Licence endorsed, suspended or cancelled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Ever been declined insurance or had special terms imposed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Ever had an insurance cover cancelled for non payment of premium?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Ever been wound up, liquidated or made insolvent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Ever been involved in or charged with a criminal offence? Disclosure is only required as per the Criminal Records (Clean Slate) Act 2004	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Ever had uncorrected defect in vision or hearing, physical or mental infirmity, or suffered from diabetes, epilepsy or any heart complaint?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Have any pending prosecutions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**If Yes, to any of the above please provide further details:**

**Please list all accidents in the section below, whether or not the subject of an insurance claim, in the past 3 years.  
In insufficient space please attach a separate listing.**

Name of Driver	Date of Accident /Loss	Brief Details	Third Party Costs	Own Costs	Did you recover your own costs

### INSURANCE HISTORY AND NO CLAIMS BONUS

Name of Present/Previous Insurer  Policy Number   
 Expiry Date  How many years No Claims Bonus are you claiming  Years

(You must provide evidence from your insurer (not broker) to confirm your entitlement to No Claims Bonus earned in your own name)

**Have you ever had a claim declined by an Insurer? If so state Insurer and all details of the accident.**

**Has any Insured Vehicle been altered from the Manufacturers original specifications or recommended design.  
If insufficient space please attach a separate listing.**

## QUESTIONNAIRE AND DECLARATION

**1 Have you or your family members, de facto partner, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance:**

**a In the last ten (10) years:**

- |    |   |     |                          |    |                          |
|----|---|-----|--------------------------|----|--------------------------|
| i  | Been subject to lawsuit or a legal liability claim? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii | Been Bankrupt                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**b Ever:**

- |    |   |     |                          |    |                          |
|----|---|-----|--------------------------|----|--------------------------|
| i  | Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined?                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii | Engaged in any criminal activity or had any criminal convictions, acquittals or diversions or have any criminal prosecutions pending? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**2 Is there any further information likely to affect this insurance**

Yes  No

If you have answered "Yes" to any of the above questions, please provide full details and dates in the space provided below. If further space is required please complete on a separate sheet. (Details should also include name of Insurance Company(s), where applicable)


**Your Duty of disclosure** You have a duty to tell Certain Underwriters at Lloyd's of London any information which would influence the Certain Underwriters at Lloyd's of London's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Certain Underwriters at Lloyd's of London may avoid you insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid.

**I/We declare that:** 1. The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance 2. This Proposal shall be the basis of the contract between me/us and Certain Underwriters at Lloyd's of London, and I am/we are willing to accept cover subject to Certain Underwriters at Lloyd's of London policy conditions and any special terms they may require.

**I/we authorise:** Certain Underwriters at Lloyd's of London to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

**I/we understand that:** 1. The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. The intended recipient is Certain Underwriters at Lloyd's of London exclusively represented by Herbert Insurance Group Limited, Level 4, 1 Queen Street, Auckland. 2. Certain Underwriters of Lloyd's of London may refuse to provide the insurance cover if I/we fail to provide the information sought. 3. I/we have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signed (Signatures of Proposers)

Dated