

# Proposal Form

## Commercial Motor Vehicle



## IMPORTANT NOTICE

**Please read the following before proceeding to complete this proposal form**

When completing your proposal, you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a Claim may be made against you. This is important to ensure that you make proper disclosure in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

### Your Duty of Disclosure

When you apply for insurance, you have a legal duty of disclosure. This means you or anyone acting on your behalf must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

1. To accept or decline your insurance, and/or
2. The cost or terms of the insurance, including the excess.

You also have this duty every time your insurance renews and when you make any changes to it. If you or anyone acting on your behalf breaches this duty, we may treat this policy as being of no effect and to have never existed. Please ask us if you are not sure whether you need to tell us about something.

### Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete your Proposal Form and BEFORE you sign any declaration that there has been no change in the information provided.

### Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by the Policy, but you have agreed with that person either before or after the inception of the Policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the Policy for any such loss or damage.

### Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

### When Completing this Proposal Form

- Please answer all questions honestly, giving full and complete answers.
- It is the duty of the Applicant to provide all information that is requested in the Proposal Form as well as to add any additional relevant facts.

Note: A relevant fact is a fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.

- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to the question.
- The Proposal Form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Commercial Motor Vehicle insurance for the organisation who acts as the Applicant.

**This proposal form DOES NOT BIND the Applicant or the Insurer to complete the insurance but will form part of any insurance.**

### Privacy Collection Statement

In this section, "we", "us" and "our" refer both to the Insurer and DUAL.

We are committed to protecting your privacy and complying with the Privacy Act 2020 (NZ) (Privacy Act). We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies). If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information. Our Privacy Policies contain more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policies. Ask us for a copy of our Privacy Policy via email at [privacy@dualnewzealand.co.nz](mailto:privacy@dualnewzealand.co.nz) or access it via our [website](#). A copy of HDI Global Specialty SE – New Zealand's Privacy Policy, can be found via the following [link](#).

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## Section 1 | Details of Insured

Insured Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Broker: \_\_\_\_\_

Period of Insurance: **From** / / **to** / / **at 4:00pm**

Area of operation: \_\_\_\_\_

Business Address (where vehicles are located): \_\_\_\_\_ Postcode: \_\_\_\_\_

## Section 2 | Vehicle Details

**Cover Type:** Please indicate which cover is to apply in the cover column below:

**F** = Full Cover. **TPFT** = Third Party, Fire Theft and Illegal Conversion. **TPO** = Third Party only.

Gross laden weight (GLW) means the vehicle weight plus load capacity.

Note: please attach a schedule if more than 4 vehicles.

Item No.	Year	Make and Model	Reg. No.	Over 3,500kgs GLW? (Yes/No)	Sum Insured (\$)	Cover type

1. Is there any non-factory fitted equipment over \$1,500? Yes [ ] No [ ]
2. Do any of your vehicles have a run more than 150km from the home depot? Yes [ ] No [ ]
3. Do any of your vehicles carry hazardous goods? Yes [ ] No [ ]
4. Are any units hired out without a driver (dry hire)? Yes [ ] No [ ]
5. Are any vehicles used, or intended to be used airside? Yes [ ] No [ ]
6. Is an alarm system installed? Yes [ ] No [ ]
7. Are there any other anti-theft devices? Yes [ ] No [ ]

if YES to any of the above, please give further details: \_\_\_\_\_

8. Have there been any modifications other than the above? Yes [ ] No [ ]

if YES, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Interested Parties (please list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Optional Extensions:**

- 10. Agreed value? Yes [ ]      No [ ]
- 11. Ingestion or Entanglement of foreign objects? Yes [ ]      No [ ]
- 12. Loss of use? Yes [ ]      No [ ]
- 13. Portable electronic devices? Yes [ ]      No [ ]
- 14. Total loss signwriting? Yes [ ]      No [ ]
- 15. Burning cost? Yes [ ]      No [ ]
- 16. Profit Share? Yes [ ]      No [ ]

if YES to any of the above, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3 | Drivers**

Are any of your vehicle drivers under 25 years of age? Yes [ ]      No [ ]

If YES, please give details below:

Full Name	Type of license (full, restricted, learners)	Vehicle/s driven	Date of Birth	Years Licenced

## Section 4 | General Questions

Have you or any other person to be covered under this Policy or any other person who may benefit from this Insurance:

- |   |         |        |
|---|---------|--------|
| 1. Had any claims or losses in the past 5 years?  | Yes [ ] | No [ ] |
| 2. In the past 5 years been involved in any motor accident?   | Yes [ ] | No [ ] |
| 3. Ever had a vehicle or its accessories stolen or burnt (whether an insurance claim was made or not)?  | Yes [ ] | No [ ] |
| 4. Been convicted of or charged with any driving offence (including speeding) or been issued with an offence or infringement notice (other than parking) in the past 5 years? | Yes [ ] | No [ ] |
| 5. Had their licence cancelled, suspended, or endorsed, or been disqualified from driving?  | Yes [ ] | No [ ] |
| i. been imprisoned for any criminal or driving offence, or  | Yes [ ] | No [ ] |
| ii. had any other conviction or fine for any other criminal or driving offence within the last 7 years, or  | Yes [ ] | No [ ] |
| iii. had any prosecution pending for any criminal or driving offence?   | Yes [ ] | No [ ] |
| 6. Ever withdrawn a claim or had a claim declined?  | Yes [ ] | No [ ] |
| 7. Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed?  | Yes [ ] | No [ ] |

If YES to any of the above, please provide further details: \_\_\_\_\_

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**Section 5****Previous Insurance Details**

Insurer	Type of Cover	Years Held	No Claims Discount

**Section 6****Declaration****SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE**

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the 'Privacy Collection Statement' at the beginning of this Proposal. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

The undersigned acknowledges that they have read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

**TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR**

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /

**IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY**

We recommend that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this proposal form and correspondence).

**Insurer Financial Strength Rating**

The Insurer of this Policy is HDI Global Specialty SE – New Zealand, which is licensed to carry on insurance business in New Zealand in accordance with the Insurance (Prudential Supervision) Act 2010. It is registered as a financial service provider on the Financial Service Providers Register (FSP 774050).

HDI Global Specialty SE is registered in Germany with registration number HRB 211924 authorised by Bundesanstalt für Finanzdienstleistungen ("BaFin"). It is authorised to carry on insurance business in Germany Insurance Supervisory Act ("Versicherungsaufsichtsgesetz"). It is a member of the Talanx Group.

**Insurance Rating Information**

Standard and Poor's has assigned to HDI Global Specialty SE the financial strength of 'A+' (Outlook Stable).

**The Standard & Poor's rating scale is:**

AAA	Extremely Strong	AA	Very Strong	A	Strong
BBB	Good	BB	Marginal	B	Weak
CCC	Very Weak	CC	Extremely Weak	R	Regulatory Supervision
SD	Selective Default	D	Default	NR	Not Rated

(The Rating from "AA" to "CCC" may be modified by the addition of a plus or minus sign to show relative standing within the major rating categories.)

The rating scale above is in summary form. A full description of this rating scale can be obtained from [www.standardandpoors.com](http://www.standardandpoors.com)