

4 Do you carry toxic chemicals, acids or explosives? Yes No
 If Yes, please advise details: _____

5 Do you hire out any of your vehicles without your driver? Yes No
 If Yes, please advise details: _____

6 Are any of your vehicles' principal drivers under 25 years of age? Yes No
 If Yes, please advise details: _____

Full name of driver	DOB	M/F	Years licensed	Vehicle registration

Previous insurance To entitle you to a "No Claims Bonus", please attach confirmation from your previous insurer

1 Have you previously held motor vehicle insurance? Yes No
 If Yes, list all insurers for the last 3 years:

Insurance company	Branch	Period from	Period to	Policy (if known)
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

2 Have you had any motor accidents, whether or not the subject of an insurance claim, in the past 3 years? Yes No
 If Yes, please advise full details, if insufficient space below please attach separate listing:

Date of accident	Description of accident	Insurance company	Total cost
/ /			
/ /			
/ /			

3 Have you ever had a claim declined by an insurer? Yes No
 If Yes, please state insurer and advise full details of accident: _____

General questions

1 Does anyone (other than the Insured) have a financial interest in any of the vehicles? Yes No
 If Yes, please advise details of interested party:
 Name: _____
 Postal address: _____

2 Have you or any intended driver (including relief drivers) involved in the operation of the vehicles:

(i) Ever been charged with a log book offence? Yes No

(ii) Ever been convicted of a motoring offence, other than parking? Yes No

(iii) Ever had a driver's license endorsed, suspended or cancelled? Yes No

(iv) Ever had insurance declined or cancelled or had special terms imposed? Yes No

(v) Ever been charged with a criminal offence? Yes No

If you have answered Yes to any of the above, please advise full details, if insufficient space below please attach details:

3 Is there any other material fact which could affect the acceptance of this insurance? Yes No

If Yes, please advise full details:

4 Has any vehicle been altered from the manufacturer's original specifications? Yes No

If Yes, please advise full details: (If insufficient space below please attach separate listing)

Pursuant to the Privacy Act 1993

The following is brought to your attention:

This Declaration and Proposal collects information about you. The information is collected to evaluate the insurance that you seek. The intended recipient of the information is Lumley General Insurance (N.Z.) Limited. The information is being collected and held by Lumley General Insurance (N.Z.) Limited of PO Box 2426, Auckland. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. The failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning. You have the rights of access to and correction of this information, subject to the provision for the Privacy Act 1993.

Declaration

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Lumley General Insurance (N.Z.) Limited is aware of all information that may be material in considering this proposal.

I/We agree that this Proposal and Declaration shall be the basis of and incorporated in the insurance contract.

I/We undertake to inform Lumley General Insurance (N.Z.) Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise Lumley General Insurance (N.Z.) Limited to give to or obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that Lumley General Insurance (N.Z.) Limited is collecting the information on this proposal to evaluate my/our insurance requirements. I/We am/are obliged to advise Lumley General Insurance (N.Z.) Limited of any information which may be material to its consideration of this application.

Signature of Insured(s): _____ Date: / /

For office use only:

	First period	Annually	Customer reference details
Lumley premium:	\$	\$	Policy no:
			Customer no:
Fire service levy:	\$		Branch: _____
GST:	\$		Agent no.: _____
Total premium:	\$		Replacing previous policy: _____