

Insured details

Insured(s) full name:	Date of birth: / /
Insured(s) full name:	Date of birth: / /
Residential address:	
Postal address (if different from above):	
Daytime phone:	
Period of Insurance: Start date: / /	Review date: / /

Vehicle details

A photo of each vehicle must accompany this proposal.

Year	Make and model	Reg. no.	CC rating	Est. ann. mileage	Odometer	Sum Insured	Excess
						\$	\$
						\$	\$

Address where Vehicle is normally garaged:

Detail any security measures:

Detail any modifications:

Interested parties:

Intended drivers' details

Given names	Surname	Date of birth	Years licenced
Have You or any of the intended drivers:			
1 (a) In the past 5 years been involved in any motor accident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Ever had a vehicle or its accessories stolen or burnt (whether an insurance claim was made or not?)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 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 <input type="checkbox"/>	No <input type="checkbox"/>
3 Had their licence cancelled, suspended, or endorsed, or been disqualified from driving?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Any hearing or eyesight impairment or any physical or mental handicap not endorsed on their licence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above, please give details:			

General questions

1 Have You or any other person to be covered under this policy or any person who may benefit from this insurance:	
(a) Ever withdrawn a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Is there any further information that may affect the acceptance of this insurance? (For example - bankruptcy or insolvency; criminal activity or associations or convictions apart from driving; flood, hazardous processes; or any circumstances giving greater than normal risk of loss - Note: this is not an exhaustive list).	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Are any of the vehicles owned by or registered in the name of any person other than the Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to any of the above, please give details:	
4 Does this replace an existing Lumley policy? Yes <input type="checkbox"/> No <input type="checkbox"/> Policy no:	

Declaration

To be completed by the Insured(s) shown and also on behalf of their spouse, family members and any other person covered by these insurances.

I/We declare that:

- (a) All information contained in this Proposal and on any attachment is complete and correct;
- (b) I/We have disclosed all information relevant to the acceptance of this proposal;
- (c) I/We agree that this proposal shall be the basis of the contract between me/us and Lumley and I/we am/are willing to accept the terms, conditions and exclusions of these insurances;
- (d) The sums insured represent the full value of the property insured;
- (e) I/We understand that this proposal requests personal information about me/us which is held by Lumley to evaluate my/our application for insurance. Failure to provide the information sought may result in my/our application being declined or my/our insurance being void from the beginning;
- (f) By signing this form I/we authorise Lumley to:
 - (i) check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
 - (ii) disclose personal information to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance;
 - (iii) obtain personal information held by any other party regarding my/our existing and previous insurances;
- (g) I/We understand that there are rights of access to and correction of information held by Lumley and on the Insurance Claims Register.

Signature of Insured(s):	Date: / /
Membership club:	Branch:

Classic car specifications

Sum Insured

The Sum Insured is the Agreed Value and in the event of a total loss the Agreed Value shall be the basis of settlement unless it is more than 20% in excess of the reasonable Market Value, in which case the latter becomes the Sum Insured and the limit of the Company's liability. A total loss occurs when the assessed cost of repairs plus the post-loss value of the damaged Vehicle exceeds the amount payable.

Legal liability

The limit of liability under section 3.2 of the policy is increased to \$1,000,000.

Letting out on hire

The policy is extended to include cover whilst the Vehicle is let out on hire but only if it is being driven by the Insured's driver.

Spare parts

The Company will cover up to \$2,500 in total for spare parts, accessories and associated equipment which belong to but are not in or attached to the Vehicle. Provided that cover only applies whilst such spare parts, accessories and associated equipment are securely stored at the Insured's residence or other secure storage area.

New parts

If it is necessary to manufacture new parts or accessories the liability of the Company in respect of such parts or accessories shall be limited to the latest list price of identical parts or accessories in New Zealand for the year of manufacture of the Vehicle or the cost of making a new part, whichever is less.

Conditions

There is no cover while the Vehicle is being driven by or under the control of any person under 25 years of age.

The annual mileage is not to exceed 3,000 miles (5,000km).

The Vehicle is only to be used for private, social or domestic purposes and as a secondary means of transport.

The Vehicle is to be suitably garaged and secured whilst not in use. The garage or storage facility must be capable of being adequately secured.

The Insured must have current and continual membership of a recognised Veteran, Vintage or Classic Car Club or similar enthusiasts' club.

If any of these conditions are not fulfilled any claim You make may be declined.

Subject otherwise to the terms conditions and limits of the policy.

For office use only:

Premium	Vehicle 1	Vehicle 2	Total	Policy no:
Company:	\$	\$	\$	Customer no:
FSL:	\$	\$	\$	Branch:
GST:	\$	\$	\$	Agency:
Total:	\$	\$	\$	Authorisation no: