

Proposal form



CL

ANNUAL PREMIUM \$	MONTHLY INSTALMENT \$	FORTNIGHTLY INSTALMENT \$	WEEKLY INSTALMENT \$
-------------------	-----------------------	---------------------------	----------------------

PLEASE NOTE: ACTUAL INSTALMENT AMOUNT MAY VARY DEPENDING ON THE DATE THE FORMS ARE RECEIVED.

PLEASE ANSWER ALL QUESTIONS AND READ DECLARATIONS BEFORE SIGNING

Go Cover Car Insurance Limited ("Go Cover") is underwritten by Lumley, a business division of IAG New Zealand Limited ("Lumley").

1. REGISTERED OWNER(S)

TITLE	GIVEN NAME	FAMILY NAME	DATE OF BIRTH
ADDRESS			
PH HOME		PH WORK	
PH MOBILE		EMAIL	

2. VEHICLE

YEAR	MAKE	MODEL	TYPE (I.E. HATCH/SEDAN)	CC RATING	TURBO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
REGISTRATION		CURRENT VALUE	INTERESTED PARTY		
		\$			
<input type="checkbox"/> ALARM <input type="checkbox"/> IMMOBILISER					
OVERNIGHT STORAGE <input type="checkbox"/> GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/> DRIVE <input type="checkbox"/> STREET <input type="checkbox"/> OTHER (SPECIFY)					
LIST ANY MODIFICATIONS: (GIVE DOLLAR VALUE OF EACH ITEM)					

3. COVER

TYPE OF COVER: PRIVATE & COMPREHENSIVE (MARKET VALUE)	
COVER START DATE	
<input type="checkbox"/> SPECIFIED DRIVER POLICY: Main driver and two specified drivers only - restricted to one specified driver being under the age of 25	
<input type="checkbox"/> NAMED DRIVER PLUS POLICY: Two named drivers only. Unnamed drivers covered subject to additional \$300 excess	
<input type="checkbox"/> OVER 25 POLICY: Any properly licenced driver over the age of 25	
<input type="checkbox"/> OPEN DRIVER POLICY: Any properly licenced driver	
<input type="checkbox"/> INCLUDES NZ ROADSIDE ASSIST	

4. DRIVERS

MAIN DRIVER'S NAME	DATE OF BIRTH	LICENCE TYPE	YEARS HELD	% USAGE
MAIN DRIVER RESIDES IN: <input type="checkbox"/> AUCKLAND <input type="checkbox"/> NORTH ISLAND EXCLUDING AUCKLAND <input type="checkbox"/> SOUTH ISLAND				
SECOND DRIVER'S NAME	DATE OF BIRTH	LICENCE TYPE	YEARS HELD	% USAGE
THIRD DRIVER'S NAME	DATE OF BIRTH	LICENCE TYPE	YEARS HELD	% USAGE

PLEASE PROVIDE AN EXPLANATION FOR ANY QUESTION ANSWERED 'YES'.

INSURANCE AND DRIVING HISTORY	
IMPORTANT NOTICE:	
HAVE YOU, YOUR FAMILY MEMBERS, DE FACTO PARTNER OR ANY OTHER PERSON OR ENTITY TO BE COVERED BY THE INSURANCE EVER:	
1. HAD ANY ACCIDENTS OR LOSSES IN THE LAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. HAD ANY SPECIAL CONDITIONS IMPOSED ON A MOTOR POLICY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. HAD A DRIVING LICENCE ENDORSED, CANCELLED OR ANY SPECIAL CONDITIONS IMPOSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. BEEN CONVICTED OF OR FINED FOR A MOTORING OFFENCE (OR HAVE ANY PENDING) IN THE LAST 7 YEARS? PLEASE INCLUDE SPEEDING OFFENCES, BUT YOU MAY IGNORE PARKING OFFENCES. THE INFORMATION SOUGHT BY THIS QUESTION IS SUBJECT TO THE RIGHTS SET OUT IN THE CRIMINAL RECORDS (CLEAN STATE) ACT 2004.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. HAD ANY INSURANCE DECLINED, CANCELLED, AVOIDED, RENEWAL REFUSED, TERMS IMPOSED OR CLAIM DECLINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. ENGAGED IN ANY CRIMINAL ACTIVITY OR HAD ANY CRIMINAL CONVICTIONS, ACQUITTALS OR DIVERSIONS, OR HAVE ANY CRIMINAL PROSECUTIONS PENDING? THE INFORMATION SOUGHT BY THIS QUESTION IS SUBJECT TO THE RIGHTS SET OUT IN THE CRIMINAL RECORDS (CLEAN SLATE) ACT 2004.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. IS THERE ANY FURTHER INFORMATION LIKELY TO AFFECT THIS INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE FULL DETAILS AND DATES:	
DRIVER NAME	
DETAILS	
DRIVER NAME	
DETAILS	
DRIVER NAME	
DETAILS	
8. WHO WAS YOUR INSURANCE COMPANY FOR THE LAST 12 MONTHS?	

Please read the following, then sign and date this form below. If this policy is in two names, both policy holders must sign.

YOUR DUTY OF DISCLOSURE

Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act"), you are under a duty to disclose all material information to Lumley, whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium.

All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Lumley avoiding your insurance policy.

This means your policy would be deemed never to have existed and any claims would not be payable.

PRIVACY ACT 1993

This proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so on what terms. The information collected will be held by Go Cover, 602 Great south Rd, Penrose and/or Lumley, 88 Shortland Street, Auckland. Failure to provide any personal information requested may result in your application for insurance being declined. Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993.

DECLARATION

I/we declare that:

- Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Go Cover and/or Lumley.
- This Proposal shall be the basis of the contract between me/us and Lumley and I am/we are willing to accept cover subject to Lumley's policy terms, conditions, exclusions and any special terms they may require.

I/we authorise:

- Go Cover and/or Lumley to give and obtain from other Insurance Companies, Insurance Brokers, the 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.
- Go Cover and/or Lumley to use my/our personal information to advise me/us of Lumley's products and/or services.

I/we undertake to inform Go Cover and/or Lumley immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

I/we agree on receipt of this application, Lumley may vary the terms by notice given to me/us.

SIGNED (SIGNATURES OF PROPOSERS)

DATED
