Covi Insurance Proposal



PO Box 62 608, Greenlane, Auckland 1546 Ph 09 638 4740, 0800 805 965 | Email admin@covi.co.nz Underwritten by Lumley, a business division of IAG New Zealand Limited

WHAT IS INSURED

Date of birth

- 1. The Vehicle and all PERMANENT fixtures, fittings and furnishings.
- 2. Squabs, awnings, blinds, ranges, carpets, toilets, refrigerators and generators up to 3.75Kw (5hp).
- 3. BUILT-IN furniture, videos, CBs, televisions, microwaves, CD/radios.
- 4. The following loose items of bedding, linen, cooking utensils and cutlery to a maximum of \$10,000.

WHAT IS NOT INSURED

- 1. Property insured by another insurance company.
- 2. Items NOT permanently installed or built-in, not otherwise insured under point 4 (What is Insured).
- Camper/caravan or property whilst being hired or used for carrying passengers for hire or reward or being used for business.
- 4. Generators over 3.75Kw (5hp). Please contact Covi NZMCA Insurance to have considered for insurance.

Please contact Covi NZMCA Insurance for full policy wordings.

INSURED DETAILS					
Name of registered owners					
Postal address (include postcode)					
Phone number				Mobile	
Are you a NZMCA Member?	Yes	No		Member No.	
Are you a New Zealand Resident?	Yes	No			
Email address					
Period of insurance	from		to		at 4pm (New Zealand time)
 EXCESS FOR NEW ZEALAND RESIDE Loss or damage caused by fire. Claims where the whole vehicle Windscreen repairs. 			T \$500 OF EACH AND	EVERY CLAIM, EXCEPT:	
EXCESS FOR NON-NEW ZEALAND RE the road. If you normally reside in	SIDENTS – \$1,250 if y a country that requ	ou normally r ires you to dri	eside in a country the ve on the left hand	nat requires you to dri side of the road, then	ve on the right hand side of a \$750 excess applies.
CAMPER/CARAVAN DETAILS					
Motor Caravan	Year	Make		Model	
	Registration No.		An	nount of Cover required	I
5th Wheel Accommodation Unit	Year	Make		Model	
	Registration No.			nount of Cover required arket value unless written val	
Truck/Trailer Unit	Year	Make		Model	
	Registration No.			nount of Cover required arket value)	I
Total sum insured for both units					
Purchase date				Purchase price (agreed value)	
Is the Gross Vehicle Mass Weight (G	VM) over 3.5 tonnes?	Yes	No		
Details of any Finance or Interested Party					
Would you like to add Wings Roadside	e Assistance? G	old (\$87.53 incl	GST per vehicle per y	ear) Silver (\$57.53	3 incl GST per vehicle per year)
PRINCIPAL DRIVER			SECONDARY DRIV	ER	
Name			Name		
Address			Address		

Date of birth

DO	D/HAVE YOU OR ANY OTHER PRINCIPAL DRIVER:				
a.	Suffer from any disability or medical condition which may affect driving?	Yes	No		
b. Had any driving offences during the last five years (excluding parking)?					
c. Had any licence endorsements in the last five years?					
d. Made an insurance claim or had an accident in the last five years?					
e. Had any underwriter decline, cancel or impose special terms on you?					
f. Is there any further information that may affect the acceptance of this insurance? For example: criminal convictions in the last seven years, bankruptcy, insolvency. Any circumstances giving greater than normal risk or loss.					
IS	THE CAMPER/CARAVAN PROPOSED FOR INSURANCE INTENDED TO BE USED:				
g.	g. By you for business?				
h. For the transportation of horses/livestock?					
i. For the transportation of vehicles or any petrol/hazardous liquids?					
j. For carrying passengers for hire or reward?					
k. For permanent accommodation? (Note: a separate CONTENTS policy is available on request)					
If	you answered YES to any of the above, please expand below:				
l.	Have you held comprehensive motor insurance in the past 12 months which entitles you to a Full No Claims Discount? If YES, please list your current insurer details:	Yes	No		
	INSURANCE COMPANY AND CONTACT DETAILS POLICY NUMBER NO CLAIMS DISC	COUNT %			
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MI	INSURANCE COMPANY AND CONTACT DETAILS POLICY NUMBER NO CLAIMS DISC	COUNT %			
Fc		e vehicle m	oust have		
Fo	NIMUM REQUIREMENTS: or a vehicle to be classed as a Motorhome/Caravan/Towed Caravan/5th Wheeler, the minimum requirement is that the	e vehicle m	nust have		
Fo a	NIMUM REQUIREMENTS: or a vehicle to be classed as a Motorhome/Caravan/Towed Caravan/5th Wheeler, the minimum requirement is that the BUILT-IN sink, bench and bed. If your vehicle does not meet these requirements it cannot be insured under the schem	e vehicle m			
Fo a m	NIMUM REQUIREMENTS: or a vehicle to be classed as a Motorhome/Caravan/Towed Caravan/5th Wheeler, the minimum requirement is that the BUILT-IN sink, bench and bed. If your vehicle does not meet these requirements it cannot be insured under the schem . Does your vehicle meet the minimum requirements?	e vehicle m			
m If: PI a. b. c. d. e. f.	NIMUM REQUIREMENTS: or a vehicle to be classed as a Motorhome/Caravan/Towed Caravan/5th Wheeler, the minimum requirement is that the BUILT-IN sink, bench and bed. If your vehicle does not meet these requirements it cannot be insured under the schem . Does your vehicle meet the minimum requirements? your vehicle is currently under construction, please advise the expected date of completion:	e vehicle mee. Yes	No		

SIGNATURE of Insured DATE

PLEASE BE ADVISED: EACH AND EVERY QUESTION MUST BE ANSWERED OTHERWISE THIS FORM WILL BE RETURNED.