Covi Insurance Proposal

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COVI INSURANCE

YOUR DUTY OF DISCLOSURE

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal convictions in the last 7 years or where imprisoned;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- anything that reduces the risk of an insurance claim;
- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. Please ask if you are not sure whether you need to tell us about something.

INSURED DETAILS

Name of registered owners		
Postal address (include postcode)		
Phone number		Mobile
Are you a NZMCA Member?	☐ Yes ☐ No	Member No.
Email address		
Start of Policy		

CAMPER/CARAVAN DETAILS

Motor Caravan	Year	Make	Model
	Registration No.		Amount of Cover required
5th Wheel Accommodation Unit	Year	Make	Model
	Registration No.		Amount of Cover required (market value unless written valuation provided)
Truck/Trailer Unit	Year	Make	Model
	Registration No.		Amount of Cover required (market value)
Total sum insured for both units			
Purchase date			Purchase price (agreed value)

Is the Gross Vehicle Mass Weight (GVM) over 3.5 tonnes? ☐ Yes ☐ No

Details of any Finance or Interested Party

Would you like to add Wings Roadside Assistance? ☐ Gold ($87.53 incl. GST per vehicle per year) ☐ Silver ($57.53 incl. GST per vehicle per year)

PRINCIPAL DRIVER

Name
Address
Date of birth

SECONDARY DRIVER

Name
Address
Date of birth

DRIVER INSURANCE HISTORY

Have you previously held motor vehicle insurance?	☐ Yes	☐ No
Have you had any accidents, claims or losses, whether or not the subject of an insurance claim, in the past 5 years?	☐ Yes	☐ No
Have you ever had a claim declined by an insurer?	☐ Yes	☐ No
Have you ever had insurance refused, declined, cancelled or had special terms imposed?	☐ Yes	☐ No
Have you ever been disqualified from driving?	☐ Yes	☐ No
Have you ever been imprisoned for any criminal or driving offence?	☐ Yes	☐ No
Have you ever had any other conviction or fine for any other criminal offence, or disqualification from driving within the last 5 years?	☐ Yes	☐ No
Have you ever had any prosecution pending for any criminal or driving offence?	☐ Yes	☐ No

If you answered YES to any of the above, please expand below:

IS THE CAMPER/CARAVAN PROPOSED FOR INSURANCE INTENDED TO BE USED:

By you for business?	☐ Yes	☐ No
For carrying passengers for hire or reward?	☐ Yes	☐ No
For permanent accommodation? (Note: a separate CONTENTS policy is available on request)	☐ Yes	☐ No

If you answered YES to any of the above, please expand below:

MINIMUM REQUIREMENTS:

For a vehicle to be classed as a Motorhome/Caravan/Towed Caravan/5th Wheeler, the minimum requirement is that the vehicle must have a BUILT-IN sink, bench and bed. If your vehicle does not meet these requirements it cannot be insured under the scheme.

Does your vehicle meet the minimum requirements? ☐ Yes ☐ No

Please be advised your contact details will be forwarded to the New Zealand Motor Caravan Association

DECLARATION

I/We hereby declare that:

(a) All information provided, in this application and any attachments, is true and complete in every respect and that no material facts remain undisclosed.

(b) I/We understand that NZI requires this information in order to evaluate this application and that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, any information retained.

(c) NZI is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this application.

(d) NZI is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access.

(e) I acknowledge that NZI will collect, hold, use and disclose the information in accordance with its Privacy Policy available at www.nzi.co.nz/privacy. Where I have provided personal information about any other person, I confirm that I have the authority of those persons to disclose such information and to authorise NZI to collect, hold, use and disclose the information for insurance-related and marketing purposes in accordance with the NZI privacy policy.

(f) The signing of this application does not bind either party to complete the contract and that no cover will be in force until confirmed by NZI.

It is important the signatory/signatories to this application is/are fully aware of the scope of this insurance so that all questions can be answered.

If you are not sure whether you need to tell us about something, please contact us as non-disclosure may affect the outcome of any claim or lead to the policy being voided.

SIGNATURE of Insured	DATE

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