

COMMERCIAL MOTOR VEHICLE APPLICATION FORM

Customer and Policy Information

Name: _____ Date of Birth: _____

Real Estate Branch and Address: _____ REINZ Licence: _____

Postal Address : _____

Ph: _____ Mob Ph: _____ Private Ph: _____

When do you want the policy to commence : / /201

Vehicle Details – General Questions

Year : _____ Make : _____ Model : _____

Registration: _____ Sum Insured: _____ Licence : Full / Restricted / Learners

List details of all modifications: _____

Does the vehicle have a Security System (to NZSA standard) if so what type: _____

If Financed, please advise Finance Company : _____

Do you wish to exclude U25's from driving your vehicle? Yes/No

Have you had any motor accidents, claims or losses in the last 5 years, whether or not the subject of an insurance claim or not? Yes/No

If "Yes", please give full details, below and/or on a separate page:

Date of Accident	Description of Accident	Insurance Co	Total Cost
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Have you ever had a claim declined by an insurer? Yes/No

If "Yes", please state insurer and give full details of accident: _____

Have you;

Ever had a drivers licence endorsed, suspended, cancelled or incurred demerit points? Yes/No

Ever had insurance declined or cancelled or had special terms imposed? Yes/No

Ever been indefinitely disqualified from driving for repeat alcohol or drug related driving offences? Yes/No

Ever: Yes/No

 been imprisoned for any criminal or driving offence, or Yes/No

 had any other conviction or fine for either a criminal or driving offence within the last 7 years, Yes/No

 or Yes/No

 had any prosecution pending for any criminal or driving offence? Yes/No

If "yes" to any of the above, please give full details below and/or on a separate page.

Signed _____

Date _____