

Flag Fall Taxi Proposal and Declaration



1. Proposer details

Policy Number

1. Name of proposer

Date of birth:

2. Postal address

Phone:

Email:

3. Business/occupation

4. Period of insurance from

/ /

to 4pm

/ /

and any subsequent period for which the company agrees to accept a renewal premium.

2. Vehicle description

Item	Year	Make, model and type of vehicle	Registration number	Sum insured (current market value)

2. Address where vehicles are usually kept and region usually used in:

3. Are any vehicles subject to hire purchase or other financial encumbrance? If Yes, please give name and address of financier:

Yes ☐ No ☐

4. Have any vehicles been modified from manufacturers standard specifications? If Yes, please give full details:

Yes ☐ No ☐

5. Are any vehicles used for 2, 3 or more shifts? If yes, please specify below:

Yes ☐ No ☐

Vehicle (Reg No.)

No. of Shifts

Vehicle (Reg No.)

No. of Shifts

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No. of Shifts

6. Are any hazardous goods carried? If Yes, please give full details:

Yes ☐ No ☐

7. Are any vehicles used, or intended to be used, airside at any airport? If Yes, please give full details:

Yes ☐ No ☐

8. Are any vehicles with a capacity of 7 or more passengers?

Yes ☐ No ☐

3. Cover required

Comprehensive ☐

Third Party Only ☐

Third Party Fire & Theft ☐

4. Additional cover required

Loss of Use Cover required ☐

Extended Trailer Cover required ☐

5. Additional questions

Where I refer to You it includes all people who may be covered by this insurance, or who may use my Taxi or if the Policy is for a company or trust, this includes any director, shareholder or trustee. If I was unsure of any information, I have checked with these people before answering.

Taxi company name:							
Affiliation to NZ Taxi Federation				Yes		No	
How many years have you been driving a taxi in New Zealand?							
Are you the registered owner of the vehicle(s)?				Yes		No	
Please advise which optional excess you would prefer (Leave blank if not required)		\$1,000		\$1,500		\$2,000	
How long have you had a licence?							
Value of equipment (meters, phones, Eftpos, camera, cash)							
Area of operation ie. CBD Wellington, CBD Auckland, Lower Hutt							
Approximately how many hours per week will you be driving this vehicle as a taxi?							

6. Driver details. This part requires information on the drivers of your vehicle(s).

Full name		Occupation	Date of birth	Usage (%)		Licence type	
				Personal		Taxi	
				Personal		Taxi	
				Personal		Taxi	
				Personal		Taxi	

1. Do all drivers have current and correct classes of licence to drive the insured vehicle(s)?						Yes		No	
2. Have you or any of these people ever had a claim declined? If yes, what was the reason for the claim being declined?						Yes		No	
Name of insurer:						Which year was the claim declined?			
3. Have you or any of the above drivers had any motoring accidents or claims in the last 10 years? If yes, please give details below.						Yes		No	
Date	Driver	Circumstances	Insurer	Cost/action taken (if applicable)					

4. Have you or any of the above drivers had any traffic convictions, infringements or prosecutions in the last 5 years? If Yes, please give details below.						Yes		No	

5. Have you or any of these people during the last 10 years, been involved in any prosecution or is there now pending any investigation, criminal proceeding or prosecution under any New Zealand or overseas legislation, been bankrupt or undergone no asset procedure? If Yes, what are the details?						Yes		No	
						What year did this occur?			
6. In the last 5 years have you or any of the above drivers had their licence endorsed, suspended or cancelled? If Yes, please give details below, including the year.						Yes		No	
						What year did this occur?			

7. Is there any unrepaired damage on the vehicle(s)? If Yes, please provide details below.						Yes		No	
Reg no.	Details of unrepaired damage								

7. Previous insurance

To entitle you to a "no-claims" bonus discount for your vehicle(s), attach confirmation from your previous insurer of your no claim history.

1. Have any of these vehicles or any other vehicles been comprehensively insured during that last 3 years?

Yes ☐ No ☐

If Yes, please give full details:

Name of insurer	Branch	Period of insurance

2. Have you or any of these people ever been refused insurance, had any special terms imposed, had any insurance cancelled or any claim(s) declined?

Yes ☐ No ☐

If Yes, please give full details below (including the year)

8. Important notices

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention.

Club Auto and TOWER Insurance Limited are collecting information on this authorisation and declaration to evaluate your insurance. The information you provide will be kept on Club Auto's files at PO Box 1575, Whangarei, and/or on TOWER Insurance Limited's files at 22 Fanshawe Street, PO Box 90347, Auckland 1142. You have certain rights of access to and correction of this information.

Club Auto also keeps telephone records of any conversation that binds an insurance contract, and of all subsequent telephone discussions.

Your Authorisation and Declaration

I/we confirm that all information disclosed on this application form is true, correct and complete.

1. I/we accept the terms and conditions of this insurance and acknowledge that this Flag Fall Taxi Proposal and Declaration shall be the basis of this contract. In deciding to purchase this insurance I/we have not received or relied upon any advice given by or on behalf of Club Auto or TOWER Insurance Limited.
2. I/we have read and understood all the questions and answers on this Declaration. Where it has been completed on my/our behalf by another person such as an agent of Club Auto or TOWER Insurance Limited, I/we have read and confirm all the information provided is correct, and is correctly recorded.
3. Club Auto and TOWER Insurance Limited are authorised to give and to obtain from other parties, including but not limited to, other insurance companies, TOWER Group Companies, any party with an interest in my/our policy, and the Insurance Claims Register administered by the Insurance Council of New Zealand information relating to this insurance and any claims made under it or any other insurance I/we have with TOWER Insurance.
4. From time to time, Club Auto Insurance Limited may send me/us information about other products. I/we will contact it/them if I/we do not wish to receive these communications.
5. If these questions are not answered by all insured parties, I/we confirm that I/we am authorised to answer these questions, complete this declaration and provide the authorities on each of their behalf.

Applicant's Signature:

Date: / /

OFFICE USE ONLY

PREMIUM

Garage area	
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Item	Category	NCB%
1.		
2.		
3.		
4.		

	First Period	Annual
Company premium		
Fire Services Levy		
Sub-total		
Plus G.S.T.		
TOTAL	\$	\$

EXCESSES

Standard excess	\$
Additional excess	\$

CLAUSES

Clause No./Extensions/Name	Premium	Excess

EXTRA INFORMATION

[illegible]