

Classic Cover

Classic Car Insurance MOTORCYCLE INSURANCE

OFFICE USE ONLY

Managing Agents:

CLASSIC COVER INSURANCE LTD
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INSURED DETAILS

TITLE	GIVEN NAMES	SURNAME	Date of Birth:
The Insured:			
Postal Address:			
Hm. Phone No:	Bus. Phone No:	Mob No:	
Period of Insurance: Start Date	Review Date	Email:	

MOTORCYCLE DETAILS

AN ACCEPTABLE PHOTO OF THE MOTORCYCLE SHOULD ACCOMPANY THIS PROPOSAL

	Make	Model	Year	CC	Reg#	Frame#	Purchase Price
1							\$
2							\$

Sum to be Insured \$ 1 2 Excess \$ 1 2

Financially Interested Party:

Are you a club Member, if so, which club?:

Detail security measures:

RIDER DETAILS

	First Name(s)	Surname	Occupation	Date of Birth	Year Licenced
1					
2					

GENERAL QUESTIONS

- A. Is the motorcycle in a sound and undamaged state? Yes No

B. Has the motorcycle been modified at all? Yes No
- Have you had any previous motorcycle insurance? Yes No

If yes, which company period / / to / /
- Has any Insurance Company...

A. Declined any insurance for you Yes No

B. Imposed special conditions Yes No

C. Cancelled or refused renewal Yes No

If yes, give details:
- Have you or any intended rider...

A. Ever been convicted of any criminal offence? Yes No

B. Been convicted/fined for any traffic offence (not parking) Yes No
- Have you or any intended rider ever had a license endorsed or cancelled? Yes No
- Do you or any of the intended riders suffer from defective vision or hearing or fits or any other physical infirmity? Yes No
- Have you or any other intended rider, had any motor accident in the last 5 years? Yes No

If "yes" to any of the above, please give details, continue overleaf if necessary:

PURSUANT TO THE PRIVACY ACT 1993

The following is brought to Your attention:

- (a) This application collects personal information about You;
- (b) The information is collected to evaluate the insurance cover sought;
- (c) The intended recipient of the information is Classic Cover Insurance/Vero Insurance New Zealand Limited and the information is collected and held by these parties;
- (d) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (e) The failure to provide this information may result in Your application for insurance being declined, or Your insurance being void from inception;
- (f) You have rights of access to, and correction of this information subject to the provisions of the Privacy Act 1993.

DECLARATION & SIGNATURE

To be completed by the insured(s) shown and also on behalf of their spouse, family members and any other person who may be covered by this insurance.

I/We declare that:

- I/We agree that this Proposal shall be the basis of the contract between me/us and The Company and I/we am/are willing to accept the terms, conditions and exclusions of this insurance.
- All answers and information given on this Proposal and on any attachment are in every respect correct.
- I/We agree that The Company may provide personal information regarding my/our insurances to:
 - 1. other members of the insurance industry; and
 - 2. parties who have a financial interest in the subject matter of this insurance
- I/We authorise disclosure to the Company of personal information held by any other party regarding my/our existing and previous insurances.
- I/We understand that no insurance is in force until this Proposal has been accepted by The Company, unless a cover note is in force.

INSURED'S SIGNATURE:

DATE:

SECURITY WARRANTY

THE COVER UNDER THIS POLICY SHALL NOT APPLY UNLESS THE MOTORCYCLE(S) DESCRIBED IN THE SCHEDULE IS/ARE SECURELY LOCKED WHEN LEFT UNATTENDED. A FACTORY FITTED OPERATIONAL STEERING LOCK IS ACCEPTABLE.

USE THIS SPACE TO GIVE DETAILS OF ANSWERS TO QUESTIONS 1-7.