

# QUOTATION APPLICATION FORM



**Please complete & fax to 0800 638 544**



This application authorises Platinum Auto Insurance (PAI) to quote on my/our insurance and on acceptance appoints them as my/our vehicle insurance broker with immediate effect. This appointment shall continue until such time it is terminated, in writing, by either party. This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling my/our vehicle insurance. I/we acknowledge that the insurers with whom PAI place my/our insurance may provide consideration to them for doing so. PAI will receive a service margin and commission from the insurer on placement of the insurance. Brokerage is fully earned at time of placement (in accordance with the terms expressed in the cover provided). Refer to the PAI website for full policy terms and conditions and the range of services to be undertaken by them as my/our insurance broker. **DUTY OF DISCLOSURE**—You must tell us all information you know, or could be expected to know, that could influence our acceptance of this proposal and the terms and price for which we provide insurance cover. If you fail to do so then you may find that you never had cover under an agreement with us. If unsure, disclose, any information provided will be treated confidentially.

THE INSURED	
Insured Name: _____	
Email Address: _____	Best Contact Number: _____
Postal Address: _____	
Vehicle's Street Address: _____	Country First Registered In: _____
Interested Party: _____	Date Insurance to Start: _____

VEHICLE DETAILS					
YEAR	MAKE	MODEL	CC	REG.NO	PURCHASE PRICE
<b>Vehicle:</b> New      Used <b>Type of Use:</b> Private      Business <b>Policy Duration:</b> 1 yr      2 yr      3 yr <b>If Petrol-Powered, is it Turbocharged?:</b> Yes      No <b>GAP</b> Yes      No <b>24 Hr Roadside Assistance</b> Yes      No <b>Where Vehicle Kept (circle one):</b> Alarmed Garage, Locked Garage, Secure Storage, Locked Carpark, Locked Compound, Carport, Driveway, Street . <b>Approximate Kilometres Travelled Each Year:</b> Under 10,000      10,000 — 25,000      Over 25,000 <b>Do you wish to Exclude from Cover All Drivers Under 25 Years?</b> Yes      No <b>Payment by:</b> Credit Card*      Direct Credit      via Dealer      By Monthly Instalment      Cheque <small>* An additional service fee of 2.4% applies to Visa and Mastercard payments, and 3.0% applies to American Express payments.</small>					

DRIVER DETAILS: THE INSURED NAME, AND NAME OF ANY OTHER PERSON/S WHO TO YOUR KNOWLEDGE WILL DRIVE THIS VEHICLE						
Given Name	Surname	Date of Birth	% of Use	Type of Licence e.g. Full NZ	Country of Issue	Years Licence Held

Have you or <b>any</b> intended drivers <b>ever</b> been: <ul style="list-style-type: none"> <li>▪ convicted drunk-in-charge (DIC) of a motor vehicle in the last 7 years? <span style="float: right;">Yes      No</span></li> <li>▪ disqualified from holding a driver's licence or had your licence suspended in the last 7 years, or are you aware of <b>any</b> circumstances where either of these is pending? <span style="float: right;">Yes      No</span></li> <li>▪ fined or convicted for <b>any</b> criminal offence or traffic offence in the last 7 years, other than exceeding the speed limit or parking? <span style="float: right;">Yes      No</span></li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>▪ <b>ever</b> had <b>any</b> insurance company at <b>any</b> time decline insurance for you, cancelled, or refused to renew <b>any</b> policy, or <span style="float: right;">Yes      No</span></li> <li>▪ <b>ever</b> had <b>any</b> vehicle insurance claims (excluding glass) in the last 5 years? <span style="float: right;">Yes      No</span></li> </ul> If you have answered <b>Yes</b> to <b>any</b> of the above please give details below:
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- To be completed by the insured and also on behalf of any other person covered by these insurances;
- 1/ I/We declare that all information contained in this form and on any attachments is complete and correct.
  - 2/ I/We have disclosed all information relevant to the acceptance of this proposal.
  - 3/ I/We agree that this proposal shall be the basis of the contract between me/us and certain underwriters at Lloyd's of London.
  - 4/ I/We are willing to accept the terms, conditions and exclusions for these insurances.
  - 5/ I/We understand that this proposal requests personal information about me/us which is held by Platinum Auto Insurance and its agents, associated entities and underwriters to evaluate my/our application for insurance. Failure to provide information sought may result in my/our application being declined or voided from the beginning.
  - 6/ I/We understand that by signing this form we agree that cancellation of insurance subsequent to this at any time other than at the annual renewal date will incur a 20% cancellation fee of the balance of premium paid but not less than a minimum cancellation fee of \$50.00 plus GST and collection costs.
  - 7/ By signing this form I/We authorise Platinum Auto Insurance and its agents and associated entities and the underwriters to;
    - (a) Check details against the Insurance Claims Register and to place information on the same register which other insurers can access.
    - (b) Disclose personal information to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance.
    - (c) Obtain personal information held by any other party regarding my/our existing and previous insurances.
    - (d) Access and correct information held by Platinum Auto Insurance, the underwriters and the Insurance Claims Register.

**Insured Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_