

Covi Insurance Proposal



PO Box 62 608, Greenlane, Auckland 1546
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Underwritten by Lumley, a business division of IAG New Zealand Limited

WHAT IS INSURED

1. The Vehicle and all PERMANENT fixtures, fittings and furnishings.
2. Squabs, awnings, blinds, ranges, carpets, toilets, refrigerators and generators up to 3.75Kw (5hp).
3. BUILT-IN furniture, videos, CBs, televisions, microwaves, CD/radios.
4. The following loose items of bedding, linen, cooking utensils and cutlery to a maximum of \$10,000.

WHAT IS NOT INSURED

1. Property insured by another insurance company.
2. Items NOT permanently installed or built-in, not otherwise insured under point 4 (What is Insured).
3. Camper/caravan or property whilst being hired or used for carrying passengers for hire or reward or being used for business.
4. Generators over 3.75Kw (5hp). Please contact Covi NZMCA Insurance to have considered for insurance.

Please contact Covi NZMCA Insurance for full policy wordings.

INSURED DETAILS

Name of registered owners			
Postal address (include postcode)			
Phone number		Mobile	
Are you a NZMCA Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Member No.
Are you a New Zealand Resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Email address			
Period of insurance	from	to	at 4pm (New Zealand time)

EXCESS FOR NEW ZEALAND RESIDENT YOU MUST CONTRIBUTE THE FIRST \$500 OF EACH AND EVERY CLAIM, EXCEPT:

- Loss or damage caused by fire.
- Claims where the whole vehicle is stolen and not recovered.
- Windscreen repairs.

EXCESS FOR NON-NEW ZEALAND RESIDENTS - \$1,250 if you normally reside in a country that requires you to drive on the right hand side of the road. If you normally reside in a country that requires you to drive on the left hand side of the road, then a \$750 excess applies.

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details of any Finance or Interested Party			

PRINCIPAL DRIVER

Name	
Address	
Date of birth	

SECONDARY DRIVER

Name	
Address	
Date of birth	

DO/HAVE YOU OR ANY OTHER PRINCIPAL DRIVER:

- a. Suffer from any disability or medical condition which may affect driving? Yes No
- b. Had any driving offences during the last five years (excluding parking)? Yes No
- c. Had any licence endorsements in the last five years? Yes No
- d. Made an insurance claim or had an accident in the last five years? Yes No
- e. Had any underwriter decline, cancel or impose special terms on you? Yes No
- f. Is there any further information that may affect the acceptance of this insurance?
For example: criminal convictions in the last seven years, bankruptcy, insolvency. Any circumstances giving greater than normal risk or loss. Yes No

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

- g. By you for business? Yes No
- h. For the transportation of horses/livestock? Yes No
- i. For the transportation of vehicles or any petrol/hazardous liquids? Yes No
- j. For carrying passengers for hire or reward? Yes No
- k. 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:

- l. Have you held comprehensive motor insurance in the past 12 months which entitles you to a Full No Claims Discount? Yes No

If YES, please list your current insurer details:

INSURANCE COMPANY AND CONTACT DETAILS	POLICY NUMBER	NO CLAIMS DISCOUNT %

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.

- m. Does your vehicle meet the minimum requirements? Yes No

If your vehicle is currently under construction, please advise the expected date of completion:

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

PRIVACY ACT Pursuant to the Privacy Act 1993 the following is brought to your attention:

- a. This proposal collects personal information about you/the proposer.
- b. The information is collected to evaluate the insurance that is sought.
- c. The intended recipient of the information is Lumley, a business division of IAG New Zealand Limited.
- d. The information is collected and held by Rothbury Covi Limited on behalf of Lumley.
- e. 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.
- f. The failure to provide this information may result in this application for insurance being declined or this insurance being void from the beginning.
- g. You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

DECLARATION

I/We the undersigned hereby declare that the statements and particulars which I/we have read over and checked are true and complete and that I/we have not suppressed, mis-represented or mis-stated any material fact. I/We agree that this proposal and declaration shall be the basis of a contract between me/us and Lumley and to accept a policy subject to the terms, exceptions and conditions prescribed by Lumley. I/We undertake that the Motor/Towed Caravan to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance of motor insurance within the last five years.

You have provided personal information in this application. By signing this application, you authorise us to give the information to the New Zealand Motor Caravan Association (NZMCA) for the purpose of NZMCA providing information to you about their products and services. It will be held by NZMCA at 4 Graham Road, Papakura, Auckland.

SIGNATURE of Insured **DATE**

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