



Camper Care
Motorhome & Caravan Insurance

Proposal Form



Your Duty of Disclosure: You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent insurer whether or not to accept your proposal, and, if it is accepted, on what terms and at what cost. If you fail to meet your duty of disclosure, you may find that you never had any insurance at all. **When in doubt, disclose. Please remember that all information will be treated confidentially.**

PERSONAL DETAILS

Full Insured Name	Home (0)
	Mobile (0)
	Fax (0)
Postal Address	Email Address
	Period of Insurance from / / to / / at 4pm
	Interested Party
	Occupation
Which motorhome association are you a member of, if any?	

YOUR VEHICLE(S)

VEHICLE:

- Does this vehicle require a certificate of fitness? ☐ Yes ☐ No
- Is this vehicle your permanent residence? ☐ Yes ☐ No
- What kind of vehicle is this? ☐ Motorhome ☐ Caravan ☐ Converted Bus ☐ 5th Wheeler ☐ Other

Year	Manufacturer & Model	Registration	Date of Purchase / /	Current Market Value \$
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TOW VEHICLE: If you wish to insure your tow vehicle - please complete below.

Year	Manufacturer & Model	Registration	Date of Purchase / /	Current Market Value \$
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A-FRAME VEHICLE: If you tow an A-Frame vehicle and would like to insure it - please complete below.

Year	Manufacturer & Model	Registration	Date of Purchase / /	Current Market Value \$
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YOUR PREMIUM OPTIONS:

☐ Exclude agreed value extension ☐ Exclude broken glass extension ☐ Increase contents limit to \$

Who are the main drivers of the vehicle(s).

DRIVERS

Surname	Given Names	Male/Female	Years Held NZ Licence	Date of Birth	Age	% use of vehicle
Owner			yrs	/ /		
Other			yrs	/ /		
Other			yrs	/ /		
Other			yrs	/ /		

Please note, it is the owner's responsibility to ensure drivers hold the relevant licence legally required to drive this vehicle.

CAMPER CARE

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QUESTIONS

1. Vehicle – condition and ownership

- a) Is it in a sound state of repair and will it continue to be maintained? ☐ Yes ☐ No
b) Is it owned and registered in the name of the insured overleaf? ☐ Yes ☐ No

If you answered No to any of the above please provide full details

2. Where is the vehicle normally parked and what security precautions are taken to ensure it is secure?

3. Has this vehicle (or the vehicle it has replaced) been insured by you in the past 12 months?

☐ Yes ☐ No

If Yes, please state name of insurance company

4. Have you or any intended drivers, within the last 5 years, whether a claim was made or not;

- a) had any motoring accidents? ☐ Yes ☐ No
b) had a motor vehicle stolen or burnt or damaged? ☐ Yes ☐ No

If you answered Yes to any of the above please provide full details

5. Does your vehicle have any performance modifications? e.g. engine or fuel modifications

6. Do you or any intended drivers suffer from defective vision or hearing or from any physical infirmity or fits of any kind?

☐ Yes ☐ No

If you answered Yes to the above please provide full details

7. Have you, or any other person to be covered under this policy or any person who may benefit from this insurance had any insurance company:

- a) Decline any insurance proposal? ☐ Yes ☐ No
b) Impose any increased premium or excess? ☐ Yes ☐ No
c) Impose any special conditions? ☐ Yes ☐ No
d) Cancel or refuse to renew any policy? ☐ Yes ☐ No
e) Decline any claims and/or have you ever withdrawn any insurance claims? ☐ Yes ☐ No

If you answered Yes to any of the above please provide full details

8. Have you or any intended drivers:

- a) Been convicted or charged with any driving offence including speed camera or speeding fines or issued with any offence or infringement notice (other than parking) in the last 5 years? ☐ Yes ☐ No
b) Had a licence cancelled, suspended, endorsed or have been disqualified from driving in the last 5 years? ☐ Yes ☐ No

For the following question (question c), you should not disclose any information about offences that can be withheld under the Criminal Records (Clean Slate) Act 2004.

- c) Ever had any criminal conviction or have a pending prosecution for any criminal offence? ☐ Yes ☐ No

If you answered Yes to any of the above please provide full details

IMPORTANT INFORMATION

Your Duty of Disclosure

You must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

- a) whether to accept your proposal and
b) if so, on what terms.

Examples of what you must tell us include:

- a) anything that increases the risk of a claim
b) any criminal offending or convictions
c) any previous insurance claims
d) any refusal by another insurance to insure you on standard terms, or continue to insure you on standard terms.

You must also tell us this every time this policy renews, or when you request any changes to it. If you fail to do this, we may avoid the policy retrospectively. You will have no insurance at all. When in doubt, disclose. We treat all information confidentially.

Change of circumstances

You must tell us of any material changes in your circumstances after the policy starts or during the currency of the cover and/or after any renewal.

Declaration

To be completed by the insured(s) shown and also on behalf of any other person covered by these insurances.

- I/We declare that all information contained in this form and on any attachments are complete and correct.
- I/We have disclosed all information relevant to the acceptance of the proposal, including all information as noted in 'Your Duty of Disclosure'.
- I/We agree that this proposal shall be the basis of the contract between me/us and Star Underwriting Agents Ltd and Vero Insurance NZ Ltd and I/We am/are willing to accept the terms, conditions and exclusions for this insurance contract.
- The market value of the vehicle means the price You paid for the vehicle or the cost of replacing the vehicle in New Zealand whichever is the lesser amount, with one of the same make, model, specification, mileage, age and condition.
- I/We understand that this proposal requests information about me/us which is held by the intended recipients – Star Underwriting Agents Ltd, PO Box 97-954, Manukau City, Manukau 2241 and Vero Insurance NZ Ltd, Private

Bag 92 120, Auckland to evaluate my application for insurance and service my policy. Failure to provide the information sought may result in my/our application being declined and my/our insurance being void from the beginning.

- By signing this for I/We authorise Star Underwriting Agents Ltd and Vero Insurance NZ Ltd to;
 - Exchange information with other insurers, financial institutions who have any interest in the property insured, and the Insurance Claims Register, PO Box 474, Wellington, to assess my/our application for insurance and to place information of the Insurance Claims register which other insurers can access;
 - Obtain personal information held by any other party regarding my/our existing and previous insurances.
- I/We understand that there are rights of access to and correction of information held by Star Underwriting Agents Ltd, Vero Insurance NZ Ltd, and the Insurance Claims Register.

Insured(s)
Signature

Date / /

Office, Dealer and Broker Use

First Premium

Company

Fire Service Levy

Options

GST

Total Due \$

Future Annual

Company

Fire Service Levy

Options

GST

Total Due \$

Premium Quoted by

Internet ☐ Rate Card ☐

Phone (Speaking with)

