

**Quadrant Insurance Group Limited
In Association with Zurich Auto**

Freepost 113 610, PO Box 5160, Springlands, Blenheim 7241
Toll Free in NZ: 0800 378 467 Fax: 0800 256 637
Email: info@qig.co.nz www.qig.co.nz

En Route Application

The Proposer (s):

Address

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Phone	Home	Business
Email	Fax	
Interested Parties	Address	
	Phone	
Period of Insurance	From 4pm	To 4.00pm-

Vehicles

YEAR	MAKE MODEL	REG NO	SUM INSURED
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Note Sum Insured should include all accessories affixed to the Insured Vehicles, but should exclude G.S.T and should be no less than Market Value.

Intended Drivers (Please list the principal drivers that will use the vehicle)

1	D.O.B
2	D.O.B
3	D.O.B

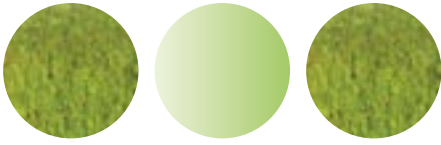
Vehicle Use

- Are the vehicles fitted with any anti-theft devices or fire extinguishers? Yes/No
- Do you hire out any of your vehicles? Yes/No
- Where are the vehicles normally housed when not in use i.e locked garage, locked yard?

General Questions

If you answer 'Yes' to any of the following questions you must provide all details

- Are you the owner of all the Insured Vehicles, if not, specify those who have financial interest? Yes/No
Name: Postal address:
- Have you or any Intended driver, involved in the operation of the Insured Vehicles:
 - Ever been charged with a Log Book Offence? Yes/No
 - Ever been convicted of a Motoring Offence, other than parking? Yes/No
 - Ever had a Drivers Licence endorsed, suspended or cancelled? Yes/No
 - Ever been declined insurance or had special terms imposed? Yes/No
 - Ever had an insurance cover cancelled for non payment of premium? Yes/No
 - Ever been involved in or charged with a criminal offence? Yes/No
 - Ever suffered, and still do, from any known physical or mental defect or infirmity? Yes/No



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iii) List all Insurers for the last 3 years who have covered the Insured Vehicles?

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iv) Please list all accidents on separate sheet, whether or not the subject of an insurance claim, in the past 3 years.

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v) Have you ever had a claim declined by an Insurer? If so state Insurer and all details of the accident. Yes/No

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vi) Has any Insured Vehicle been altered from the Manufacturers original specification or recommended design? Yes/No

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Declaration Important - If you leave out any information or give false information, the Company may-refuse or reduce a claim, cancel the policy or treat the policy as having never been in force.

I/We declare that:

All particulars and answers given are in every respect true and correct:

The proposal shall be the basis of the Contract with the Company and I/we agree to abide by the Condition of the Policy and any additional terms imposed by the Company. The sum insured at least represents the estimated Market Value and that no attempt has been made to understate the value.

Insured's Signature

Date

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Please read your Duty of Disclosure attached