



MOTORCYCLE INSURANCE APPLICATION FORM

DISTRIBUTOR _____

TYPE OF COVER

☐ COMPREHENSIVE ROAD REGISTERED MOTORCYCLE ☐ THIRD PARTY, FIRE, THEFT AND TRANSIT ☐ THIRD PARTY ONLY

USAGE

☐ PRIVATE ☐ OTHER If other elected call YMI for acceptance/pricing

PERIOD OF INSURANCE

FROM _____ TO _____

INSURED DETAILS

Insured Name: _____ Date of Birth: _____

Contact Address: _____ Postcode: _____

Telephone: (H) _____ (M) _____ Email Address: _____

Occupation: _____ Interested Parties: _____

MOTORCYCLE DETAILS

MANUFACTURER	MODEL	REGISTRATION	FRAME/VIN NUMBER	SUM INSURED	DATE OF PURCHASE

STORAGE AND CONDITION:

Normal Storage Address:	
Has the motorcycle been modified in any way from the manufacturers original specifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please detail:
Is the motorcycle in current condition suitable for usage as originally manufactured for?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please detail:

OPTIONAL EXTRAS:

Gap cover (Tick as appropriate):	Lay up Discount (circle lay-up months elected by client when motorcycle not in use):
<input type="checkbox"/> \$5000 option	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
<input type="checkbox"/> \$10,000 option	

RIDER INFORMATION:

Name	Date of Birth	Male/Female	How many years motorcycle riding experience?

Please note named rider benefit/endorsement applies to all non-declared riders under this policy, refer to the PDS for further information.

DUTY OF DISCLOSURE

HAS THE INSURED, OR ANYONE WHO IS TO BE COVERED BY THIS POLICY, IN THE LAST 5 YEARS

Had any insurance refused or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail:
Suffered any motorcycle or theft insurance claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail:
Been charged or convicted of any offence (other than vehicle/motorcycle offences)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail:
Ever had their motor vehicle or motorcycle license suspended or cancelled for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail:

DECLARATION

We rely on the information you provide us with, to decide whether to insure you and the terms on which we will insure you. To comply with your duty of disclosure when first entering into an insurance contract with us, you must tell us everything you know, or that a reasonable person in the circumstances would be expected to know, that a prudent insurer would want to take into account in deciding whether to accept the insurance, and if so, on what terms. This applies to every insured under the policy. If you fail in your duty of disclosure we may avoid your contract retrospectively and treat your insurance as if it never existed. You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know.

ABOUT THE INSURER

QBE Insurance (International) Ltd (New Zealand Branch) has been given an "A+" Insurer Financial Strength Rating by Standard & Poor's (Australia) Pty Ltd

THE RATING SCALE

AAA (Extremely Strong)	BBB (Good)	CCC (Very Weak)
AA (Very Strong)	BB (Marginal)	CC (Extremely Weak)
A (Strong)	B (Weak)	R (Regulatory Action)

Plus (+) or Minus (-): The ratings from "AA" to "CCC" may be modified by the addition of a plus or minus sign to show relative standing within major rating categories.

Credit ratings issued by Standard & Poor's Ratings Services are solely statements of opinion and not statements of fact or recommendations to purchase or discontinue any policy or contract or to buy, hold or sell any security issued by QBE Insurance (International) Limited or make any other investment decisions. Credit ratings may be changed, withdrawn or suspended at any time. Latest ratings can be found at www.standardandpoors.com.

QBE Insurance (International) Limited ("QBE") has a policy of holding actual capital in excess of regulatory capital requirements. In the event that QBE is wound up, the claims of New Zealand policyholders will be paid out of the assets of QBE in New Zealand, and possibly other countries, except for Australia. Australian Law requires that on a winding up of QBE the assets of the company in Australia are to be used to pay its liabilities in Australia before paying liabilities outside Australia.

PRIVACY ACT 1993

We advise:

1. If the Insured is a person, this Application Form collects personal information about you so that we can evaluate your application for insurance.
2. This information is collected and held by Nautilus Marine at Level 11, AMP Centre, 29 Custom Street West, Auckland 1010 as agent for the underwriter.
3. You must supply this information as part of your Duty of Disclosure (please see Your Duty of Disclosure above). If you refuse to do so, your application for insurance will be declined.
4. You have the right to access and correct your personal information held by us in accordance with the Privacy Act 1993.

You the above named insured declare that:

1. You have answered all questions truthfully.
2. You have, in addition, disclosed all material facts to Nautilus Marine as agent for the underwriter (please see Your Duty of Disclosure above).
3. You agree to the policy terms and conditions.

You the above named Insured authorise:

4. Nautilus Marine to advise you of its other services from time to time.
5. The disclosure of your personal information held by Nautilus Marine as agent for the underwriter to:
 - Other members of the insurance industry.
 - Financially interested parties noted on the policy.
 - Insurance Claims Register Limited.
6. The disclosure of your personal information held by:
 - Other members of the insurance industry.
 - Insurance Claims Register Limited.

to Nautilus Marine as agent of the underwriter for the purpose of considering this proposal and administering the policy.

7. I am authorised to complete this proposal on behalf of anyone else to be insured under the policy, and they make the same declarations.

Signature of the Insured(s): _____ Date: _____

PREMIUM PAYABLE AND PAYMENT OPTIONS

☐ Cheque / Money Order ☐ Credit Card (Tick appropriate) ☐ Bankcard ☐ Mastercard ☐ Visa

Card Number:

Amount: \$ _____ Expiry date: ____/____/____

Name on Card: _____

☐ Pay By The Month (documents attached / process completed by dealer/ client)

☐ Yamaha Motor Finance to Pay

Excess Elected:
Insurance Premium:
Gap Premium:
Total Payable:

This declaration confirms the client has answered all the Duty of Disclosure questions and has signed and paid for insurance cover effective ____/____/20 ____.

Cover is bound on behalf of the insurers from this date under Distribution Agreement executed by us with the insurer's agent.

Dealer Sales Representative Name: _____ Signature: _____ Date: ____/____/20 ____.