



Motorcycle Insurance Proposal

PERSONAL DETAILS

Full Insured Name	Contact Telephone Numbers
.....	Home (0)
Postal Address	Business (0)
.....	Mobile (0)
Street Address	Fax (0)
.....	Email Address
Affiliated Club & Number	Period of Insurance from / / to / / at 4pm
	Occupation
	Interested Party

MOTORCYCLE DETAILS

Year	Manufacturer & Model	CC Rating	Registration	Frame Number	Date of Purchase	Sum Insured	Type of Cover*
.....	/ /	\$
.....	/ /	\$
.....	/ /	\$

*Types of Cover: C=Comprehensive, TPF&T=Third Party Fire & Theft, TPO=Third Party Only, C=Classic, OR=Off Road/Dirt Bike Cover

PERMITTED RIDER DETAILS

Surname	Given Names	M/F	Years Held NZ License	Date of Birth	Age	% use of bike
Owner
Other
Other

OPTIONS

Roadside SOS

Available for all cover options.

- Standard Motorcycle Assist. Roadside SOS will respond to events while the registered person is riding any motorcycle only.
\$39.95 incl GST.
- Enhanced Motorcycle Assist. Roadside SOS will respond to events while you are riding any motorcycle AND while you are travelling in any motorvehicle.
\$59.95 incl GST.

Helmet & Clothing

Only available when comprehensive cover chosen.

- Clothing and helmet replacement for rider and pillion if the items are damaged as a result of a motorcycle accident.
Limit \$2,500 per person. Claim must be made and accepted for motorcycle accident.
\$112.50 incl GST.

QUESTIONS

1. Is the motorcycle at present in a sound state of repair? Yes No

2. Has the motorcycle been modified in any way? Yes No
If Yes to any of the above, please give full details.

3. a) Have you had any motor insurance in the past 12 months? Yes No

b) If Yes, state name of Insurance Company.

4. Has any Insurance Company at any time:

a) Declined any insurance for you? Yes No

b) Required from you any increased premium? Yes No

c) Imposed special conditions? Yes No

d) Cancelled or refused to renew any policy? Yes No

If Yes to any of the above, please give full details.

Disclosure of Criminal Convictions is requested in accordance with the Criminal Records (Clean Slate) Act 2004.

5. a) Have you or any of your intended riders been convicted of a criminal offence? Yes No

b) Have you or any of your intended riders been issued with a traffic notice? Yes No

c) Have you or any of your intended riders been fined or convicted for any traffic offence other than parking? Yes No

If Yes to any of the above, please give full details.

6. Have you or any of your intended riders ever had your licence cancelled or suspended? Yes No

If Yes, please give details.

7. Do you or any of your intended riders suffer from defective vision or hearing or from any physical infirmity or fits of any kind? Yes No

If Yes, please give details.

8. Have you or any of your intended riders had any motoring accidents in the past 5 years? Yes No

If Yes, please give details.

PRIVACY ACT

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 is complete and correct;
- I/We have disclosed all information relevant to the acceptance of this proposal;
- I/We agree that this proposal shall be the basis of the contract between me/us and John Baker Insurance Brokers Ltd and I/We am/are willing to accept the terms, conditions, and exclusions for these insurances;
- The sums insured represent the full value of the property insured;
- I/We understand that this proposal requests personal information about me/us which is held by John Baker Insurance Brokers Ltd and the insurer to evaluate my/our application for insurance. Failure to provide the information sought may result in my/our application being declined or my/our insurance being void from the beginning;

- By signing this form I/We authorise John Baker Insurance Brokers Ltd and the insurer to;
 - Check details against the Insurance Claims register and to place information on the Insurance Claims Register which other insurers can access;
 - 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;
 - 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 John Baker Insurance Brokers Ltd, the insurer, and the Insurance Claims Register.

Insured(s) Signature

Date / /

FOR OFFICE USE

> First Premium

Company

Fire Service Levy

GST

Options

Total Due \$

> Future Annual

Company

Fire Service Levy

GST

Options

Total Due \$

> Premium Quoted by

Internet Rate Card

Phone (Speaking with)