

This application authorises The Insurance Group (TIG) to quote on my/our taxi insurance and on acceptance appoints them as my/our taxi insurance broker with immediate effect. This appointment shall continue until such time as it is terminated, in writing, by either party. This authority replaces and revokes any previous authorities given, or implied to any agent or broker, previously handling my/our taxi insurance. I/we acknowledge that the insurers with whom TIG place my/our taxi insurance may provide consideration to them for doing so. TIG will receive a service margin and commission from the insurer on placement of the taxi insurance. Brokerage is fully earned at time of placement (in accordance with the terms expressed in the cover provided). Refer to the TIG taxi insurance website for full policy terms and conditions and the range of services to be undertaken by them as my/our taxi insurance broker. DUTY OF DISCLOSURE – You must tell us all information you know, or could be expected to know, that could influence our acceptance of this proposal and the terms and price for which we provide taxi insurance cover. If you fail to do so then you may find that you never had cover under an agreement with us. If unsure, disclose, any information provided will be treated confidentially.

Main Driver Name	Family Name/Surname	Date of Birth	Years Full NZ Licence Held	Years Taxi Licence Held

Registered owner if not main driver:

Email Address: Best Contact Number:

Postal Address: Post Code:

Date Insurance to Start:/...../..... Is 24 hour 7 day roadside assist required? Yes ☐ No ☐

Do you need personal liability insurance cover for working in any airport building? Yes ☐ No ☐

TAXI TO BE INSURED

YEAR	MAKE	MODEL	CC	REG.NO	MARKET VALUE
					\$

Value of accessories (Example: Taxi meters, Taxi R/T, signage, Eftpos, GPS, security cameras, cash) \$

Do you have a wheel-chair hoist? Yes ☐ No ☐ Do you have a shuttle trailer? Yes ☐ No ☐ Value \$

Any unrepaired damage on taxi? Yes ☐ No ☐ Your taxi company name or group that you drive for:

Is your taxi under finance or hire purchase with a bank or finance company? If Yes, which one?

Have you or any of the above drivers had any traffic convictions, infringement or prosecutions in the last 5 years? Yes ☐ No ☐

In the last 5 years have you or any of the above drivers had their licence endorsed, suspended or cancelled? Yes ☐ No ☐

Is your taxi fitted with an alarm? Yes ☐ No ☐ or with an immobiliser? Yes ☐ No ☐

Has taxi been changed from manufacturer's standard specifications? (Example: Alloy Wheels) Yes ☐ No ☐

Does the taxi have the capacity of carrying 7 or more passengers? Yes ☐ No ☐

Is loss of use required? Yes ☐ No ☐ If yes circle option \$100 or \$250 per day

How many shifts is taxi used for? Single ☐ Double ☐ Double on weekends only ☐

If yes to any of the above, details please:

OTHER DRIVER DETAILS:

First Name	Family Name/Surname	Date of Birth	% Use	Years Full NZ Licence Held	Years Taxi Licence Held

Have you or any intended drivers had any motoring accidents or claims in the last 10 years? Yes ☐ No ☐

Have you or any intended drivers ever had a claim declined? Yes ☐ No ☐

Have you or any intended drivers during the last 10 years: Yes ☐ No ☐

- been involved in any prosecution or is there now pending any investigation, or Yes ☐ No ☐

- criminal proceeding or prosecution under New Zealand or overseas legislation Yes ☐ No ☐

Have you or any intended drivers ever been bankrupt or undergone no asset procedure? Yes ☐ No ☐

If you have answered Yes to any of the above please give details below:

Previous Insurance – How long have you held continuous insurance?Years. With which insurance company?

Do you currently hold taxi or other vehicle insurance? Yes ☐ No ☐ How long have you been driving a taxi in NZyears

With whom: How long: years Current grade:

Type of insurance currently held: Taxi ☐ Other commercial motor ☐ Private motor vehicle ☐

Have you or any intended drivers ever been refused insurance had any special terms imposed, had any insurance cancelled, or had any physical, mental or

medical condition / infirmity that could affect this insurance Yes ☐ No ☐

If yes, please give full details, including the year:

To be completed by the insured and also on behalf of any other person covered by this insurance:

- 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 TIG for and on behalf of Club Auto as the underwriting agents and Tower Insurance as the underwriter. I/We are willing to accept the terms, conditions and exclusions for these insurances.
- I/We understand that this proposal requests personal information about me/us which is held by TIG and its agents, associated entities and underwriters to evaluate my/our application for insurance. Failure to provide information sought may result in my/our application being declined or your insurance being voided from the beginning.
- I/We understand that by signing this form we agree that cancellation of insurance subsequent to this at any time other than at the annual renewal date will incur a 20% cancellation fee of the balance of premium paid but no less than a minimum cancellation fee of \$50.00 plus GST and collection costs.
- By signing this form I/We authorise TIG and its agents and associated entities and the underwriters to:
 - Check details against the Insurance Claims Register and to place information on the same 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.
 - Access and correct information held by TIG, the underwriters and the Insurance Claims Register.

Insured's Signature _____ Date ____/____/____

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