

# COURIER COVER ADDITIONAL DRIVER FORM 2023-24

If you have any questions about this application form, please call 0800 494 577 or email [nz.eclcourier@aon.com](mailto:nz.eclcourier@aon.com) for assistance.

## Duty of Disclosure

Before you enter into an insurance contract, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, which may affect the insurer's decision to insure you, and on what terms. This duty of disclosure extends from the time of the quote; before you renew insurance, extend it, vary, or reinstate a contract of insurance.

If you do not tell your insurer anything you are required to disclose, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim. If your failure to disclose is proved to be fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

You are not obliged to tell the insurer anything that: reduces the risk; is common knowledge; your insurer knows or should know as an insurer; or the insurer has waived compliance with relating to your duty of disclosure.

If you are uncertain whether a matter should be disclosed to your insurer, please contact your Aon Client Relationship Manager.

## A. Insured Person's Details

Name \_\_\_\_\_ AON Courier ID number \_\_\_\_\_  
Vehicle \_\_\_\_\_ Registration Number \_\_\_\_\_

## B. Additional Driver's Details

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: Male   
Female   
Other

Previous address – if you have lived at the above address less than 12 months: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone numbers: Landline: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Driver's Licence Type: Full NZ Licence  Restricted Licence  Learner's Licence:  International Licence

Date Licence issued: \_\_\_\_\_

Please select one of the following options to describe your contract:

Relief Driver Casual  Relief Driver/ Employee 40 hours per week  Owner/Operator part-time  Owner/Operator 40 hours per week

If you are a full-time (40-hours per week) driver, please provide a copy of your employment contract.

## C. Driving History of the Additional Driver

1. Have you had your driver's licence suspended, or lost your licence, within the last seven years? Yes  No   
If you answered "yes", please provide the details below:

1.1 Date of suspension: \_\_\_\_\_ Date licence returned: \_\_\_\_\_

1.1 Reason for suspension: \_\_\_\_\_

1.2 Date of suspension: \_\_\_\_\_ Date licence returned: \_\_\_\_\_

1.2 Reason for suspension: \_\_\_\_\_

2. Have you been fined due to motoring offences (other than parking offences) within the last seven years? Yes  No   
If you answered "yes", please provide the details below:

2.1 Type of Offence: \_\_\_\_\_ Date of offence: \_\_\_\_\_

2.1 Number of demerit points: \_\_\_\_\_ Amount fined: \$ \_\_\_\_\_

2.2 Type of Offence: \_\_\_\_\_ Date of offence: \_\_\_\_\_

2.2 Number of demerit points: \_\_\_\_\_ Amount fined: \$ \_\_\_\_\_

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3. Have you had motor vehicle insurance before? If you answered "yes", please provide the details below: Yes  No
- Name of insurer: \_\_\_\_\_ Name on policy: \_\_\_\_\_
4. Have you ever made a claim on an insurance policy, or had a motor vehicle accident? If you answered "yes", please provide the details below: Yes  No
- Details: \_\_\_\_\_
5. Has any insurance provider declined, cancelled, or required withdrawal of your insurance; imposed special terms on your insurance; or refused a claim? If you answered "yes", please provide the details below: Yes  No
- Details: \_\_\_\_\_
6. Have you ever had a criminal conviction? If you answered "yes", please provide the details below: Yes  No
- 6.1 Type of conviction: \_\_\_\_\_ Date of conviction: \_\_\_\_\_
- 6.1 Ruling applied: \_\_\_\_\_ Amount fined: \$ \_\_\_\_\_
- 6.2 Type of conviction: \_\_\_\_\_ Date of conviction: \_\_\_\_\_
- 6.2 Ruling applied: \_\_\_\_\_ Amount fined: \$ \_\_\_\_\_
7. Have you, or any other person to be covered under this policy, experienced any loss (whether or not a claim was made) for CourierCover insurance in the past seven years, or ever experienced any loss of \$5,000 or more to any property? Yes  No
- Details: \_\_\_\_\_
8. If there any further information that may affect the acceptance of this insurance? (For example, bankruptcy, insolvency, criminal activity or associations or convictions, or any other circumstances with greater than normal risk of loss.) If you answered "yes", please provide the details below: Yes  No
- Details: \_\_\_\_\_

## D. Declaration and agreement

1. **I/We declare that:**
- I/We agree that the quotation shall be the basis of the contract between me/us and the Company and I am/we are willing to accept the terms, conditions, and exclusions of these insurances.
  - All answers and information given and on any attachment are in every respect correct.
  - I/We authorise the disclosure of personal information held by any other party regarding my/our existing and previous insurances,
  - I/We agree to the Company releasing to other parties' personal information regarding this insurance.
  - The sums Insured represent the full value of the property insured.
2. **Privacy Act 2020**
- Pursuant to the Privacy Act 2020 the following is brought to your attention:
- The Quotation / Policy collects personal information about you.
  - The information is collected to evaluate the insurance you seek.
  - The intended recipient of the information is Aon New Zealand and the chosen Underwriter of the proposed insurance with claims reporting to ECL.
  - The information is being collected and held by Aon New Zealand, PO BOX 2845, Wellington.
  - The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory.
  - The failure to provide this information may result in YOUR application for insurance being void from the beginning.
  - YOU have rights of access to, and correction of, this information. (Subject to the provisions of the Privacy Act 2020.)

Additional driver's signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

Insured's signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)