

# COURIERCOVER APPLICATION FORM 2023-24

This is an application for insurance. Insurance cover is arranged by Aon New Zealand as the broker for the CourierCover scheme and underwritten by NZI as the insurer. This quotation is not automatic cover.  
If you have any questions regarding this application form, please call 0800 494 577 or email [nz\\_eclcourier@aon.com](mailto:nz_eclcourier@aon.com) for assistance.

Please select one courier company from the options below:

CourierPost  Express Network  Rural Post  Provincial Delivery Contractor  DHL Express

## YOUR DUTY OF DISCLOSURE

Before you enter a contract of general insurance, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know may affect the insurer's decision to insure you and on what terms. You have that duty after the proposal, and up until the time the insurer agrees to insure you. You also have that duty before you renew, extend, vary or reinstate a contract of general insurance.

You do not need to tell the insurer anything that:

- Reduces the risk
- Is common knowledge
- Your insurer know or should know as an insurer; or
- The insurer waives compliance with relating to your duty of disclosure.

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

## Non-disclosure

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

## Authority to Act as a Broker

This authority replaces and revokes any previous authorities given, or implied to any agent, or broker previously handling my/our business.

This authority confirms that I/we have authorized Aon New Zealand to act as our insurance broker, effective from the date stated below, and that Aon's standard terms will apply to the provision of broking services, which can be found by visiting [www.aon.co.nz>About-Aon/Terms-of-Business](http://www.aon.co.nz>About-Aon/Terms-of-Business)

Signed Authority:

Company Name:

Effective date:

## Details of applicant/s (please complete both if joint applicants)

### Applicant 1

Name:

Date of birth:

Female:  Male:  Other:

Landline:

Cellphone:

Email:

Current address:

Previous address: (if lived at current address less than 12 months)

### Applicant 2

Name:

Date of birth:

Female:  Male:  Other:

Landline:

Cellphone:

Email:

Current address:

Previous address: (if lived at current address less than 12 months)

## Company information

Company Name:

Number of runs:

Date you take ownership of vehicle:

Gross earnings:

Contract start date:

Date of first pay:

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**Driver's Licence Type: please select the relevant type from the following:**

## Applicant 1

Full NZ Licence  Restricted Licence  Learner's Licence  International Licence

Date of issue:

Please supply an image of the front and back of your driver's licence

## Applicant 2

Full NZ Licence  Restricted Licence  Learner's Licence  International Licence

Date of issue:

Please supply an image of the front and back of your driver's licence

## Vehicle or Motorcycle Details

Please split the total sum insured into the vehicle sum insured and any permanently fixed accessories; for example, but not limited to, items such as: bull bars, tow bars, tinted windows, etc.

Signwriting/ Wraps is an optional cover and is capped at \$5,000.00, not be added on top of the vehicle value.

If the vehicle is new, the sum insured should be the full retail replacement cost, including any accessories, plus on-road costs, excluding GST.

If the vehicle is over one year old, the sum insured should be the market value of the vehicle, plus the value of any permanent vehicle accessories, excluding GST.

Please note that if you do not provide these additional details there will be no cover for them.

|   | Year | Make/Model | Registration | Value excl GST | Signwriting/Wrap<br>(optional Cover up to \$5,000.00)    | Cost of any permanent accessories | Alarm or Immobilizer on Vehicle                          |
|---|------|------------|--------------|----------------|----------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| 1 |      |            |              | \$             | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 |      |            |              | \$             | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 |      |            |              | \$             | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4 |      |            |              | \$             | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5 |      |            |              | \$             | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you wish to cover higher cost for sign writing/wraps, please specify the vehicle and value: \$

Please provide contact details for any interested parties:

**Note:** Loss of Use option 1 is included in the premium for standard cover by default. The maximum period of cover is four (4) weeks for any acceptable claim, with a stand-down/excess period of seven (7) days. The Total maximum payment limit is \$2,000, a limit of \$500 per week. There are options for increased limits on request.

**Higher options for Loss of use available on request and higher premiums apply.** Please advise if this is required.

Other drivers: if you have other drivers for your vehicles you will need to complete a separate driver form for each driver. Please advise if this is the case.

## Driver History

If you answer "yes" to any of the questions below, please supply details in the space provided or a separate sheet of paper

1. Have you ever had your driver's licence suspended, or have you lost your licence within the past seven (7) years? Yes  No

| Date of Suspension | Reason for Suspension | Date licence received back |
|--------------------|-----------------------|----------------------------|
|                    |                       |                            |
|                    |                       |                            |
|                    |                       |                            |

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2. Have you been fined for a motoring offence (other than parking fines), within the past seven (7) years? Yes  No

| Type of offence | Date of Offence | Demerit points | Amount fined |
|-----------------|-----------------|----------------|--------------|
|                 |                 |                | \$           |
|                 |                 |                | \$           |
|                 |                 |                | \$           |

3. Have you had motor vehicle insurance before? Yes  No

| Name of insurer | Policy start date | Policy end date | Name on policy |
|-----------------|-------------------|-----------------|----------------|
|                 |                   |                 |                |
|                 |                   |                 |                |
|                 |                   |                 |                |

4. Have you ever made a claim under an insurance policy, or had a motor vehicle accident? Yes  No

| Approximate Date | Claim description | Was an excess paid?                                      |
|------------------|-------------------|----------------------------------------------------------|
|                  |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                  |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                  |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

5. Has any insurer declined, cancelled, required withdrawal, imposed special terms on your insurance or refused a claim? Yes  No

6. Have you ever had a criminal conviction? Yes  No

| Type of conviction | Date of conviction | 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 the type of insurance being applied for in the past seven (7) years or even experience a loss of \$5,000 or more to any property? If there is insufficient room below, please provide a list on a separate sheet. Yes  No

Please note that the insurer vets all of the quotes. Non-disclosure of claims could result in your application being declined.

8. Is 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 giving greater than normal risk or loss. Note: this is not an exhaustive list. Yes  No

## Contract Management Specialist or Fleet Manager Details

|                                | Full Name | Email | Mobile number | Landline |
|--------------------------------|-----------|-------|---------------|----------|
| Fleet Manager                  |           |       |               |          |
| Contract Management Specialist |           |       |               |          |

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## Miscellaneous Declaration

1. Do you carry any dangerous goods outside of the CourierPost/DHL Express Guidelines that require official sign-off by CourierPost, such as infectious substances or radioactive material, etc? Yes  No
2. Are any of your vehicles used, or intended to be used airside at any airport? (Do you go onto the tarmac?) Yes  No
3. Have any of your vehicles been altered from the manufacturer's original specifications? Yes  No
4. Do you have any accessories that need to be insured? (not limited to scanners) Yes  No
5. Do you tow, and assume responsibility for third party trailers? Yes  No

## Standard covers

|                          |                                                    |              |
|--------------------------|----------------------------------------------------|--------------|
| General/Public Liability | Limit \$2m any one loss                            | Excess \$500 |
| Statutory Liability      | Limit \$1m any one loss                            | Excess \$500 |
| Carrier's Liability      | \$2,000 any one unit, \$250,000 any one conveyance | Excess \$250 |

**Please note:** the above limits are for your CourierCover business activities only. If you do other work/or have other businesses or contracts and require insurance cover for these additional activities, please provide details below (not providing details for such activities may result in uninsured losses).

## Optional covers

Please select any of the optional cover/s you may require and fill in the details as requested.

**Additional Scanner Cover**

| Scanner make and model | Sum Insured. Note: cover limit is \$2,000 |
|------------------------|-------------------------------------------|
|                        |                                           |

**Mobile Phone Cover**

| Cellphone make and model | Sum Insured. Note: cover limit is \$1,000 |
|--------------------------|-------------------------------------------|
|                          |                                           |

**RT Unit Cover**

| RT Unit make and model | Sum Insured |
|------------------------|-------------|
|                        |             |

**Bicycle/E-Bike/Pannier Cover**

| Year | Make | Model | Rego | Sum Insured | Number of panniers |
|------|------|-------|------|-------------|--------------------|
|      |      |       |      |             |                    |

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Income Protection(relief driver cost) not available under the scheme, separate proposal forms to be completed and policy placed outside the courier scheme.

**Important:** You must disclose any material facts relevant to your health every 12 months. A material fact is one likely to influence your acceptance, or the assessment of this application by the insurer. If you are in doubt about what constitutes a material fact, please contact Aon New Zealand.

Please notify Aon New Zealand when you employ a relief driver (full-time, or relief/casual drivers). Additional Driver forms are available on request directly from Aon New Zealand or via the web portal. You should also contact Aon New Zealand if you at any time hire out your vehicle/s to any third parties or you hire another person's vehicle for any reason.

## Agreement

All answers and information given apply to all persons to be covered under the policy(s), or any person who may benefit from the policy(s).

All answers and information given is correct.

- i. I/We understand that failure to disclose any material facts to the Insurer may result in the policy being cancelled or a claim being declined and the fact that the duty to disclose material facts is an ongoing duty.
- ii. I/We agree that the information provided in this proposal form the basis of the contract of insurance between me/us and the Insurer.
- iii. I/We have read and understand the Insurer's Financial Strength Rating.
- iv. I/We understand that services will be provided on Aon's standard terms of business which can be found at [www.aon.co.nz/About-Aon/Terms-of-Business](http://www.aon.co.nz/About-Aon/Terms-of-Business)
- v. I/We authorize the disclosure of personal information held by any other party regarding my/our existing and previous insurances.
- vi. I/We agree to the Insurer releasing to other parties' personal information regarding the insurance policy(s).

### PRIVACY ACT 1993

Pursuant to the Privacy Act 1993, the following is brought to your attention:

1. The Application/Policy collects personal information about you.
2. The information is collected to evaluate the insurance you seek.
3. The intended recipient of the information is Aon New Zealand and the chosen Underwriter of the proposed insurance with various reporting and including claims to NZ Post Limited.
4. The information is collected and held by Aon New Zealand, 21st Floor, Aon Centre, Auckland.
5. 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.
6. The failure to provide this information may result in YOUR application for insurance being void from the beginning.
7. You have the right to access and correct this information. (Subject to the provisions of the Privacy Act 1993.)

Insured's signature:

Date: