starinsure CamperCare

This proposal will be the basis of any insurance contract we enter into with you. It will be construed as a separate proposal for each proposed Insured and should be answered accordingly. Any question or references to "you" below should be interpreted as including all proposed Insureds. Enquiries should be made of all relevant proposed Insureds. Please answer all questions in full. If you require extra space, please attach additional sheets and note for each proposed Insured their inclusion in the answers to the questions below.

Insurance Proposal

Phone: 0800 250 600
Email: admin@starinsure.co.nz

Insured Name 01:

Date of birth: Occupation:

Mobile: Email:

Insured Name 02:

Date of birth: Occupation:

Mobile: Email:

Company or Trust (if applicable)

Postal address:

Residential address (if different from above)

Start date of policy:

Is there finance owing on the vehicle? Yes ◯ No ◯

If yes to who and how much?

Your vehicle details - What are we insuring?

1. What kind of vehicle is this? Motorhome ◯ Caravan ◯ Fifth Wheeler ◯ Horse Truck ◯ Cabin/Tiny House ◯ Other ◯

2. Does vehicle require a WOF or COF? WOF (under 3.5 tonne) ◯ COF (over 3.5 tonne) ◯

3. Is vehicle your permanent residence? Yes ◯ No ◯

4. Is your vehicle permantly sited: Yes ◯ No ◯

4b. Will the wheels remain on the vehicle? Yes ◯ No ◯

4c. Will the caravan have any permanent structure attached: Yes ◯ No ◯

5. Year of vehicle:

6. Manufacturer and model:

7. Registration:

8. Date of purchase:

9. Current Market Value:

Declaration questions - Do you or any intended driver have the following?

1. A learners, restricted, or any other license type other than a full NZ license: Yes ◯ No ◯

2. Have you had any loss or damage to a vehicle in the last 5 years? Yes ◯ No ◯

3. A DIC or loss of license within the last 5 yrs: Yes ◯ No ◯

4. 5 or more traffic tickets in the last 5 yrs: Yes ◯ No ◯

5. Will anyone aged under 25 be driving the vehicle: Yes ◯ No ◯

6. Will the vehicle be stored in anything other than a locked garage: Yes ◯ No ◯

7. Any medical conditions which could affect driving ability: Yes ◯ No ◯

8. Any insurance cancelled or renewal refused or any claim declined in the last 5 yrs: Yes ◯ No ◯

9. Any criminal convictions or pending prosecutions: Yes ◯ No ◯
You should not disclose any information about offences that can be withheld under the Criminal Records (Clean Slate) Act 2004.

10. Has the vehicle been modified in any way from the manufacturers original specifications? Yes ◯ No ◯
(eg: changes to engine, steering, wheels, suspension, bodywork, seats, exhausts, signwriting, vehicle wraps - This does not constitute a complete list)

11. Have you ever been declared bankrupt? Yes ◯ No ◯

If yes, date of discharge: _____

If you answer "YES" to any of the questions above, please provide full details below.

Important information

Your Duty of Disclosure
You have a duty to disclose any material facts to us. You must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

a) whether to accept your proposal and
b) if so, on what terms and at what premium.

Examples of what you must tell us include:

a) anything that increases the risk of a claim
b) any criminal offending or convictions
c) any previous insurance claims that cannot be withheld under the Criminal records (Clean Slate) Act 2004
d) any refusal by another insurance to insure you on standard terms, or continue to insure you on standard terms.

You have this duty every time this policy renews, or when you request any changes to it. If you fail to do this, we may avoid the policy retrospectively. You will have no insurance at all. When in doubt disclose.

Change of circumstances
You must tell us of any material changes in your circumstances after the policy starts or during the currency of the cover and/or after any renewal.

Declaration
To be completed by the insured(s) shown and also on behalf of any other person covered by these insurances.

1. I/We declare that all information contained in this form and on any attachments are complete and correct.
2. I/We have disclosed all information relevant to the acceptance of the proposal, including all information as noted in 'Your Duty of Disclosure' and there is no further information which may affect acceptance of this Proposal.
3. I/We agree that this proposal, declaration and all information provided with it will be incorporated into and shall be the basis of the contract between me/us and Berkshire Hathaway Specialty Insurance and I/We am/are willing to accept the terms, conditions and exclusions for this insurance contract.
4. The market value of the vehicle means the price You paid for the vehicle or the cost of replacing the vehicle in New Zealand whichever is the lesser amount, with one of the same make, model, specification, mileage, age and condition.
5. I/We understand that this proposal requests information about me/us which is held by the intended recipients – Star Underwriting Agents Ltd, PO Box 97-954, Manukau City, Auckland 2241 and Berkshire Hathaway Specialty Insurance, PO Box 106-844, Auckland 1143, to evaluate my application for insurance and, if accepted, to service my policy. Failure to provide the information sought may result in my/our application being declined and my/our insurance being void from the beginning.
6. I/We authorise Star Underwriting Agents Ltd and Berkshire Hathaway Specialty Insurance to give to, or obtain, personal information from any party relating to this insurance or any other insurance held by me/us or any claim made by me/us.
7. I/We understand that the Privacy Act 2020 entitles me/us to have access to, and request correction of information held by Star Underwriting Agents Ltd and Berkshire Hathaway Specialty Insurance.
8. I/We understand Star Underwriting Agents Ltd act as agents of Berkshire Hathaway Specialty Insurance not as your agent. The policy is underwritten by Berkshire Hathaway Specialty Insurance and references above to "us" means Star Underwriting Agents Ltd and Berkshire Hathaway Specialty Insurance.
9. I/We understand that the signing of this Proposal does not bind either party to complete the insurance contract and no cover will be in force until confirmed by us.

Insurer financial strength rating

Berkshire Hathaway Specialty Insurance Company (incorporated in Nebraska, USA), NZ Company No. 5737531, FSP 445946 is authorised by the Reserve Bank of New Zealand to carry on general insurance business in New Zealand and is the licensed insurer for all Star policies. Berkshire Hathaway Specialty Insurance Company is part of the Berkshire Hathaway's National Indemnity group of insurance companies. It has been given a **A++** insurer financial strength rating by A.M. Best (a full description of the A.M. Best rating scale is available on the A.M Best website) and a **AA+** insurer financial strength rating by Standard & Poor's (a full description of the Standard & Poor's rating scale is available on the Standard & Poor's website).

Signature:

Date: / /

Save as