



Name of Insured: _____ Mobile: _____

Review date: _____ Email: _____

We believe it is essential that we use up to date information when reviewing your insurance. If your business circumstances or operations have changed, your insurance may need to be reviewed to make sure that you have appropriate cover.

MOTOR FLEET

Current Fleet Details. Please confirm any changes to details as listed below including updating the current market value.

Vehicle (year, make, model & body type)	Reg No	Carrying Capacity	Goods Carried	Max. Radius From Base	Sum Insured

Note: Sum Insured should include all accessories affixed to the Insured Vehicles, but should exclude GST and should be no less than Market Value.

PUBLIC STATUTORY & EMPLOYERS LIABILITY

1. TURNOVER	
Actual Turnover last year \$	Estimated Turnover this Year \$
2. Have there been any significant changes in your business activities or occupation?	
YES / NO	
3. Are you aware of any circumstances that have occurred which may result in a claim?	
YES / NO	
4. Have you or any employee been the subject of any investigations official notice, prosecution of legal action which could result in a claim on any of the above insurance(s), or is any such action currently pending?	
YES / NO	
5. Have any of the details which you supplied in your most recent Application for the above insurance(s) altered in any way?	
YES / NO	
6. Acc Levy/Accident Insurance Premium \$	
7. Current number of Employees	

CARRIERS LIABILITY

1. Details of any material changes to the risk and/or known claims not yet reported		
2. Number of vehicles/trucks in operation for the forthcoming 12 month period:		
3. Turnover	Actual Last	Estimated Next
At Limited Carriers Risk	\$ _____	\$ _____
At Declared Value/Terms	\$ _____	\$ _____

DECLARATION

I declare that all answers and statements in this renewal declaration are correct and complete in every respect and agree that this Declaration shall form the basis of and be incorporated into the policy of insurance, which I have with your Company.

Signed _____ Date _____

Printed name _____ Position _____

PLEASE RETURN THIS FORM TO: PO Box 6350, Wellesley St, Auckland 1141 OR Fax to: 09 358 4155
For assistance contact one of our TruckSure Brokers on 0800 287 287

Richard Bowen Managing Broker	Philip Toohill Managing Broker - Auckland/Northland
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