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MasterCard Collision Damage Waiver (CDW)

I, _____, Membership # _____
 in CarShare Atlantic Ltd. (CarShareHFX) wish to **DECLINE** the Collision Damage
 Waiver (CDW) Insurance provided to me when I drive CarShareHFX vehicles,
 because I have a MasterCard with MasterRental® CDW insurance benefits.

I understand that it is my responsibility

- to ensure that my MasterCard noted below offers the MasterCard MasterRental® CDW;
- to ensure that I have reviewed and understood the full CDW insurance coverage details and exemptions as listed in my MasterCard Cardmember Agreement and Certificate of Insurance;
- to keep my MasterCard information on file with CarShareHFX up-to-date promptly reporting any changes to my card: numbers, expiry date, card provider, card type, account termination, ...

I understand that I will:

- pay all my CarShareHFX charges – monthly bills, prepaid balance top-ups, and/or any charges or fines – with my MasterCard noted below;
- be responsible for all damage to the CarShareHFX vehicle(s) that I am using, to be charged to my MasterCard account, and reimbursed by MasterCard as eligible through MasterCard’s CDW Insurance;
- assign CarShareHFX the right to make any claims on my behalf (and make myself available to answer inquiries arising from any claim process)

I understand that I do retain the Third Party Liability, Personal Injury, Damage to Property and other insurance provided to CarShareHFX members through its fleet insurance.

I understand and agree that I will always receive an invoice/statement each month by mail or email and that CarShareHFX may contact me at anytime to arrange immediate payments if my account (including the current month) exceeds \$250.

CarShareHFX may amend the Payment Due Date at any time with one week’s notice.

I hereby authorize CarShareHFX to charge my monthly invoice and any other charges or fees that I incur to my MasterCard each month or as incurred under the payment mode selected.

MasterCard number _____
Expiry Date

Name on Card

Issued by (name of Bank)

Signature _____
Date

A signed copy of this form must be on file with CarShareHFX for this waiver to be in effect.

Fax to: **902-406-7431** or Bring or Mail to: **CarShareHFX, 2459 Agricola St, Halifax, NS B3K 4C1**