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Collision Loss Damage Insurance Waiver Form Other Insurance Policy

I, _____, Membership # _____
 in Carshare Atlantic Ltd. (CarShareHFX) wish to **DECLINE** the Physical Damage
 (Collision & Comprehensive) Insurance provided to me by CarShareHFX because I
 have other insurance coverage for my use of CarShareHFX vehicles.

I understand that it is my responsibility

- to ensure that my insurance policy specified below does provide Physical Damage (Collision & Comprehensive) Insurance for me when I drive CarShareHFX vehicles
- to ensure that I have reviewed and understood the full insurance coverage details and exemptions as listed in my policy
- to keep my insurance information on file with CarShareHFX up-to-date, promptly reporting any changes that might affect my coverage.

I understand that I will:

- be responsible to pay for all damage and related expenses to the CarShareHFX vehicle that I am using, and that these costs to be charged to my account and paid immediately. My insurer, identified below, will reimburse these charges to me.
- 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.

Insurance Policy number **Expiry Date**

Policy issued to: _____

Insurance Broker **Phone**

Underwriter

Authorized Signature **Date**

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

This waiver application is subject to approval by the CarShareHFX Insurer.

----- for office use -----
 This waiver application is [] accepted [] refused

 By (name) _____ for RSA
 Date