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# VISA Collision Loss Damage Insurance Waiver

I, \_\_\_\_\_, Membership # \_\_\_\_\_

in CarShare Atlantic Ltd. (CarShareHFX) wish to **DECLINE** the Collision Loss Insurance provided to me when I drive CarShareHFX vehicles because I have a VISA card eligible for VISA CLDI insurance.

I understand that it is my responsibility

- to ensure that my VISA card specified below is eligible for the VISA Collision Loss Damage Insurance
- to ensure that I have reviewed and understood the full CLDI insurance coverage details and exemptions as listed in my Visa Cardholders Agreement.
- For information about the VISA CLDI <http://www.visa.ca/cldi/> and a list of VISA cards with CLDI <http://www.visa.ca/cldi/cards.cfm>
- to keep my Visa Card 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 invoices, prepaid balance top-up and/or and any related charges or administrative fees with my VISA card noted below
- be responsible for all damage to the CarShareHFX vehicle(s) that I am using to be charged to my VISA card, and reimbursed me by Visa as eligible through Visa's Collision Loss Damage 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 balance (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 VISA card each month.

\_\_\_\_\_/\_\_\_\_\_  
**Visa Card 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 / Mail to: **CarShareHFX, 2459 Agricola St, Halifax, NS B3K 4C1**