

## Credit Card Insurance Waiver

A signed copy of this form must be on file with CarShare Atlantic for this waiver to be in effect. Forms can be scanned and e-mailed, mailed or dropped off at our office at 2 – 5553 Bloomfield Street, Halifax, NS, B3K 1S7

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I, \_\_\_\_\_, Member ID \_\_\_\_\_ in CarShare Atlantic Ltd. wish to DECLINE the Collision Damage Waiver (CDW) Insurance provided to me when I drive CarShare Atlantic vehicles, because I have am providing the following: (please check one)

- VISA Card with VISA CLDI Insurance
- MasterCard with MasterRental® CDW Insurance

I understand that it is my responsibility:

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

I understand that I will:

- pay all my CarShare Atlantic charges – monthly bills, prepaid balance top-ups, and/or any charges or fines – with my Credit Card noted below;
- be responsible for all damage to the CarShare Atlantic vehicle(s) that I am using, to be charged to my Credit Card account, and reimbursed by the Credit Lender as eligible through their Insurance Policy;
- assign CarShare Atlantic 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 CarShare Atlantic 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 CarShare Atlantic may contact me at anytime to arrange immediate payments if my account (including the current month) exceeds \$250. CarShare Atlantic may amend the Payment Due Date at any time with one week's notice. I hereby authorize CarShare Atlantic to charge my monthly Invoice and any other charges or fees that I incur to my Credit Card each month or as incurred under the payment mode selected.

\_\_\_\_\_  
Credit Card Account No

\_\_\_\_\_  
Expiry (MM/YY)

\_\_\_\_\_  
Name of Card Holder

X \_\_\_\_\_  
Signature of Card Holder