

## Other 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 emailed, mailed or dropped off at our office: 2 – 5553 Bloomfield Street, Halifax, NS, B3K 1S7.

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 other insurance coverage for my use of CarShare Atlantic vehicles.

I understand that it is my responsibility:

- to ensure that my insurance policy specified below provides Physical Damage (Collision & Comprehensive) Insurance for me when I drive CarShare Atlantic 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 CarShare Atlantic 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 CarShare Atlantic 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 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.

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Insurance Policy No	Expiry Date (M/D/Y)	Policy Issued to
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Insurance Broker	Tel	Underwriter
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Authorized Signature	Date (M/D/Y)
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**Office Use Only** This waiver application is subject to approval by the CarShare Atlantic Insurer.

CarShare Atlantic Authorization	Account No	Activation Date
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This waiver application is: <input type="checkbox"/> accepted <input type="checkbox"/> refused	By _____	Date _____
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