



# Lease Guarantee Insurance (Notice to Decline)

Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Vehicle \_\_\_\_\_

## Confirmation

I confirm that lease guarantee insurance has been offered to me and that details of the policy have been explained to my satisfaction. However, after careful consideration I have elected not to utilise lease protection insurance on my novated lease on the abovementioned vehicle.

I understand that in declining this policy if I am made redundant or pass away prematurely, I or my estate will be responsible for the monthly rental on the lease contract.

Signature \_\_\_\_\_ Date:    /    /