

Home and Contents Proposal



To obtain cover, complete this proposal form and return it to us. Make sure all questions are answered and that the form is signed. If you find that there is insufficient space for you to answer any questions, please add this information on a separate sheet of paper.

Please print your answers and where appropriate.

Agent/Broker number	Agent/Broker name	Policy number
<input type="text"/>	<input type="text"/>	09 030

1. Policyholder details

						Office use only
	Title	Surname	Given names	Date of birth	Occupation	Code
<input type="checkbox"/> A	<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> A	<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address						Postcode
<input type="text"/>						<input type="text"/>
Telephone: Home			Telephone: Business			
<input type="text"/>			<input type="text"/>			
Telephone: Mobile			Email			
<input type="text"/>			<input type="text"/>			

2. Period of insurance

Required commencement date of policy:	Commencement date	Expiry date
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

3. Property details *Leave blank if same as postal address*

Location of property						Postcode
<input type="text"/>						<input type="text"/>
Construction of exterior walls	<input type="checkbox"/> Brick or masonry	<input type="checkbox"/> Polystyrene	<input type="checkbox"/> Wood	<i>If other, give details</i>		<input type="text"/>
Approximate year built	<input type="text"/>	Being occupied by	<input type="checkbox"/> You	<input type="checkbox"/> Tenant (<i>see Section 5 for Landlords contents</i>)		
Type of dwelling	<input type="checkbox"/> Private Residential House	<input type="checkbox"/> Residential Flat	<input type="checkbox"/> Home Unit	<input type="checkbox"/> Holiday House		
	<input type="checkbox"/> Church Manse	<i>If other, give details</i>		<input type="text"/>		
Town Water Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Is the property used for the purpose of farming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Is any Commercial Business conducted at this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Has this property ever been flooded or is the district known to be a flood prone area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>If yes give details</i>				
<input type="text"/>						

Have the following items been installed:

Deadlocks on doors/windows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, provide details</i>	<input type="text"/>
Smoke Alarms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, provide details</i>	<input type="text"/>
Security Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes</i>	<input type="checkbox"/> Monitored <input type="checkbox"/> Not monitored

4. Details of housing finance

None Mortgage Other

Name of Financier Office use only Code

Postal Address Postcode

5. Policy cover

Please select the type of cover

Square metres or Sum Insured If Sum Insured replacement to value \$

Standard Quality

Medium Quality

Minor Architect Involvement

Architect Design – Quality Fittings

Architect Design – Highest Quality

Replacement to \$ value \$ Excess \$100 \$250 \$500 \$1,000

If Sum Insured indemnity to \$ value \$

If your property is built pre 1946, please complete the supplementary questionnaire.

If your property is being occupied by a tenant, do you require Landlords contents? Yes No

If yes, cover required \$5,000 \$10,000

Contents

Please select Policy Wording

Omega Alpha Basic

You need to insure for an amount sufficient to replace all your contents at today's purchase price for comparable new items.

Jewellery and valuables

	Details	Value
Item 1	<input type="text"/>	\$ <input type="text"/>
Item 2	<input type="text"/>	\$ <input type="text"/>
Item 3	<input type="text"/>	\$ <input type="text"/>
Item 4	<input type="text"/>	\$ <input type="text"/>
Item 5	<input type="text"/>	\$ <input type="text"/>
Item 6	<input type="text"/>	\$ <input type="text"/>
Item 7	<input type="text"/>	\$ <input type="text"/>
Item 8	<input type="text"/>	\$ <input type="text"/>
Item 9	<input type="text"/>	\$ <input type="text"/>
Item 10	<input type="text"/>	\$ <input type="text"/>
Item 11	<input type="text"/>	\$ <input type="text"/>
Item 12	<input type="text"/>	\$ <input type="text"/>
Item 13	<input type="text"/>	\$ <input type="text"/>

6. Previous history

1a. Name of previous insurer

1b. Expiry date of previous policy /

2. Have you, your family members, de facto partner or any person or entity to be covered by this insurance:

2a. In the last 10 years:

- i. suffered loss or damage exceeding \$1,000 to any property, whether insured or not? Yes No
- ii. has the building been flooded or is it close to a watercourse? Yes No
- iii. have you suffered losses for the perils now being insured, whether insured or not? Yes No
- iv. been subject to a lawsuit or legal liability claim? Yes No
- v. been bankrupt? Yes No

2b. Ever:

- i. Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined? Yes No
- ii. Engaged in criminal activity or had any criminal convictions, acquittals or diversions, or have any criminal prosecutions pending? Yes No

2c. Is there any other information likely to affect this insurance?

If yes to any of the above, please give details below

Year	Circumstances	Insurance Company	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

If more space is needed, please attach a separate sheet.

Office use only

		BLDG	<input type="text"/>
		CNTS	
		Other	
		Other	
Coded	Authorised	Optional Benefits	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Important information relating to this proposal**Your Duty of Disclosure**

Your Duty of Disclosure Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act"), you are under a duty to disclose all material information to Ansvr Insurance Limited whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Ansvr Insurance Limited avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Declaration

I/We declare that the information and answers given above are true in every detail and that all material facts have been disclosed. I/We agree to the terms of the policy. I/We authorise Ansvr Insurance Limited to give or obtain from other insurance companies, insurance brokers or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

I/We understand that

1. The information collected is evaluative material for the purposes of deciding whether to issue insurance cover. The intended recipient is Ansvr Insurance Limited, 396 Queen Street, Auckland.
2. Ansvr Insurance may refuse to provide insurance cover if I/We fail to provide the information sought.
3. I/We have certain rights of access of correction of this information, subject to the provisions of the Privacy Act 1993.

8. Declaration to be signed by applicant(s)

I/we declare that: 1. Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Ansvr Insurance Limited. 2. This proposal shall be the basis of the contract between me/us and Ansvr Insurance Limited and I am/we are willing to accept cover subject to Ansvr Insurance Limited policy terms, conditions, exclusions and any special terms they may require.

I/We understand that the information supplied by me/us will be used to evaluate any application form or claim submitted by me/us.

I/We authorise my/our previous insurers, Insurance Broker or other professional intermediary to release any information needed for this insurance. I/We understand that under the Privacy Act 1993 that I/We have the right of access to and to correct any information held regarding me/us.

I/We agree that this application shall be incorporated in and taken as the basis of the proposed contract between me/us and Ansvr Insurance Limited and that this insurance shall be subject to the Company's current standard Policy.

I/We agree that this information may be used by Ansvr Insurance Limited to advise us of other products and services available.

Applicant(s) signature

A.

B.

Date / / **Date** / /

Completion of this form does not provide insurance until a Cover Note or Certificate of Insurance has been issued.

9. Credit Card Payment

Please charge my credit card account with the amount payable \$

Visa Mastercard

Card Number

Expiry Date

 /

Name of Cardholder

Signature of Cardholder