

HOUSE, CONTENTS AND VEHICLE INSURANCE APPLICATION FORM

BROKER EXCLUSIVE



Agent's Name: _____ Policy Number

YOUR DUTY OF DISCLOSURE

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal convictions in the last 7 years or where imprisoned,
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- anything that reduces the risk of an insurance claim;
- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

DETAILS OF APPLICANT(S) New Client Existing Client

APPLICANT 1

First name: _____ Surname: _____

Occupation: _____ Date of birth: _____

APPLICANT 2

First name: _____ Surname: _____

Occupation: _____ Date of birth: _____

POSTAL ADDRESS

Number/Street: _____

Suburb: _____ Town/City: _____

P O Box: _____ Town/City: _____

CONTACTS

Telephone: _____ Mobile: _____ Email: _____

Covers already with NZI None House Contents Car Boat Business

Period of Insurance: From _____ To _____ at 4pm

HOUSE INSURANCE

Indicate cover chosen: NZI Echelon Houseowners Replacement Houseowners Present Value

ADDRESS OF PROPERTY

Number/Street: _____

Suburb: _____ Town/City: _____

Is property on town water supply? Yes No

What type of Home is this? House Flat/Apartment Home Unit Body Corporate Unit

Does this property contain more than one self contained dwelling? Yes No If "Yes", how many? _____

Who lives there? Owner & Family Owner & Others Tenants Owner's Relative/Employee

Is the property vacant or unoccupied? Yes No

Is the property used as a holiday/weekend home? Yes No

For Flats or Units Only

Number of flats/units to be insured _____ Total Number in Block _____

For Tenanted Properties Only

1. Is the interior inspected by the owner or a professional letting agent at least once every 6 months? Yes No

2. Has there been any damage by tenants (whether insured or not) in the past 5 years? Yes No

3. Do you want to purchase the Optional Additional Benefit - Landlords Protection? Yes No

If "Yes", to question 2, please give details below (include date and approximate cost).

CONSTR

B/O

OFFICE
USE ONLY**Please note:**

- NZI Echelon cover on a tenanted property has an Excess of \$250 in addition to any other Excess, and is subject to specific conditions. Please refer to the policy wording for full details.

Total Floor Area Sq Feet _____ Sq Metres _____ (include all levels plus any outbuildings, developed basement etc.)

Year Built _____ Are all exterior walls made of brick or block? Yes No

If built before 1935: Have any of these been done in the last 30 years?

All electrical wiring replaced Yes No Date _____

Roof completely replaced Yes No Date _____

All plumbing replaced Yes No Date _____

All walls re-lined with Gib Board Yes No Date _____

Completely re-piled Yes No Date _____

Is there any part of this property:

That is used for any business, trade or profession? Yes No

That has a history of flood or landslip? Yes No

That is damaged or in need of repair? Yes No

That is undergoing renovation or alteration, or that is partially built? Yes No

That is situated in an area with a history of flood or landslip? Yes No

Does the property include any of these:

Conservatory Yes No Decking over 100m² Yes No Gazebo Yes No Spa Pool Yes No
 Swimming Pool Yes No Tennis Court Yes No Other (ie jetties, wharves etc) Yes No

If "Yes", to any of the above please give details below.

Details of any mortgage interests to be noted: (Name and postal address)

NMIB Y <input type="checkbox"/> N <input type="checkbox"/>	N200 Y <input type="checkbox"/> N <input type="checkbox"/>	MULTI Y <input type="checkbox"/> N <input type="checkbox"/>	002\$ Y <input type="checkbox"/> N <input type="checkbox"/>	023\$ Y <input type="checkbox"/> N <input type="checkbox"/>	OFFICE USE ONLY
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POLICY EXCESS

Standard Excess \$150 Plus additional Voluntary Excess (with Premium Discount) \$100 \$350 \$850

SUM INSURED

If either of the HOUSEOWNERS covers have been selected: Replacement Value of property \$ _____

If HOUSEOWNERS PRESENT VALUE cover has been selected: Present Value of property \$ _____

CONTENTS INSURANCE

Indicate cover chosen: NZI Echelon Householders

ADDRESS WHERE CONTENTS KEPT

Number/Street: _____

Suburb: _____ Town/City: _____

What is this address? Your usual residence Holiday/Weekend Home Vacant/Unoccupied

Who owns the home? You Relative/Employer Landlord Other (Specify)

If you are not the owner are you:

(a) Sharing with the owner? (b) The only tenant?

(c) Sharing with your spouse and/or family? (d) Sharing with others (not spouse or family)?

If sharing with others (d) how many people live at home in total (including you)? _____

WHO WILL BE COVERED? Insurance will cover Contents owned by the person making this application, and their husband or wife or person with whom they are living in the nature of marriage and their family who live at the address above.

Is Insurance required for Contents owned (or jointly-owned) by anyone else?

If "Yes", you must give their details below or their contents will not be covered. Yes No

ABRVST OFFICE USE ONLY

SECURITY

Is the house fitted with a burglar alarm? Yes No

Does it include an external siren? Yes No

Was it fitted professionally? Yes No

Is it professionally monitored? Yes No

Do all external doors have deadlocks? Yes No

NALM
 Y N

Do all accessible external windows have keyed window locks? Yes No

NALX
 Y N

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POLICY LIMITS

	ITEMS	NZI ECHELON	HOUSEHOLDERS
1. Watch or item of jewellery	<i>any item</i>	\$3,000	\$1,500
	<i>total all unspecified items</i>	\$15,000 <i>(jewellery)</i>	\$10,000
2. Camera & photography equipment (including video)	<i>any item</i>	\$3,000	\$1,500
	<i>total all unspecified items</i>	No Limit	\$3,500
3. Bicycles	<i>any item</i>	\$2,000	\$1,000
4. Collection of stamps, medals, phonecards, coins, or trading cards	<i>total each category</i>	\$1,000	\$1,000
5. Money, bullion, precious metals, cut or uncut stones	<i>total each category</i>	\$1,000	\$250
6. Home office furniture and equipment (while at the home)	<i>total all items</i>	\$10,000	\$1,000

Do you wish to apply for cover above any of these limits? Yes No If "Yes", please give details below:

NSRX
 Y N

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DESCRIPTION OF ITEM	VALUATION NUMBER	VALUE \$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

NOTE: The policies do contain other limits - please refer to the policy wording for full details.

AGE DISCOUNTS: Please indicate your age group - you may qualify for a discount

Up to 49 years 50-59 years 60 years and Over

NMIB
 Y N

N200
 Y N

MULTI
 Y N

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POLICY EXCESS

Standard Excess \$100 Plus additional Voluntary Excess (with Premium Discount) \$150 \$400 \$900

\$

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SUM INSURED

Total insurable value of all Contents \$ _____

MOTOR VEHICLE INSURANCE

VEHICLE 1

Please tick which type of vehicle you are insuring Car Motor Cycle Caravan Trailer Other (Specify) _____

Types of cover (tick cover required) Standard Third Party Fire & Theft Third Party only

Make and Model: _____

Date of Manufacture: _____ Registration Number: _____

Market Value (\$) _____ Engine size _____ (cc)

1. Has the original engine been replaced or modified? Yes No If "Yes", give full details _____

2. Have the original wheels been replaced? (Other than replacement of tyres) Yes No If "Yes", give full details _____

3. Has the bodywork or suspension been modified? Yes No If "Yes", give full details _____

4. Has the vehicle been fitted with a stereo system worth more than \$1000? Yes No If "Yes", give full details _____

5. Does the vehicle have a turbo or rotary engine? Yes No If "Yes", give full details _____

Please tick any of the following which apply to your vehicle Sports or performance Convertible/Cabriolet Kitset/Replica
Left-hand Drive Classic/Vintage Exotic

Does the vehicle have a car alarm or immobiliser? Yes No If "Yes", complete (a), (b) and (c) below

(a) Alarm Immobiliser GPS System

(b) Was the alarm or immobiliser fitted by the manufacturer before the vehicle was sold new in New Zealand? Yes No

(c) Advise NZSA Star Rating 1 2 3 4 5

If not rated, give details of system _____

Where is the vehicle usually parked at night? Garage Driveway/Carport On Roadside Other (Specify) _____

Will the vehicle be used in connection with any profession, business or occupation? Yes No If "Yes", give full details _____

DETAILS OF THE OWNER(S) & DRIVER(S)

	FULL NAME	DATE OF BIRTH	SEX (M/F)	OCCUPATION	PHONE NUMBER	DRIVER TYPE (SEE BELOW)	LICENCE TYPE (SEE BELOW)	LENGTH OF LICENCE HELD
1								Yrs Mths
2								Yrs Mths
3								Yrs Mths
4								Yrs Mths

Driver Type – Select from: M (main), R (Regular), N (Non driver) Licence Type – Select from 1 (Learner), 2 (Restricted), 3 (Full), 4 (International)

MOTOR VEHICLE INSURANCE

VEHICLE 2

Please tick which type of vehicle you are insuring Car Motor Cycle Caravan Trailer Other (Specify) _____

Types of cover (tick cover required) Standard Third Party Fire & Theft Third Party only

Make and Model: _____

Date of Manufacture: _____ Registration Number: _____

Market Value of (\$) _____ Engine size _____ (cc)

1. Has the original engine been replaced or modified? Yes No If "Yes", give full details _____

2. Have the original wheels been replaced? (Other than replacement of tyres) Yes No If "Yes", give full details _____

3. Has the bodywork or suspension been modified? Yes No If "Yes", give full details _____

4. Has the vehicle been fitted with a stereo system worth more than \$1000? Yes No If "Yes", give full details _____

5. Does the vehicle have a turbo or rotary engine? Yes No If "Yes", give full details _____

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2								Yrs Mths
3								Yrs Mths
4								Yrs Mths

Driver Type – Select from: M (main), R (Regular), N (Non driver) Licence Type – Select from 1 (Learner), 2 (Restricted), 3 (Full), 4 (International)

POLICY EXCESS

Standard Excess \$300 Plus additional Voluntary Excess (with Premium Discount) \$200 \$700

\$

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ADDITIONAL INFORMATION

Do you want to exclude all drivers under the age of 25 years for a premium discount? (This extension may not be available if we restrict cover to named drivers as part of any special terms to insure the vehicle) Yes No

Do you want to apply for NZI Roadside Assist cover? (Full cover only) Yes No

Please note:

- Drivers under 25 and newly licenced drivers are subject to a standard additional excess

Do you want a Named Drivers Discount? (Up to 2 of the drivers listed above can be named – both must be aged 25 yrs or older) Yes No

If 'Yes', Please tick the two drivers chosen 1 2 3 4

Please note:

- Any other drivers will be subject to an additional excess

PAYMENT OPTIONS

How do you wish to pay? Annually Quarterly* Monthly* *Please complete the Flexisteps Pay Plan form.

RATEAREA

GRADING

NAMEDRIVER
Y N

DOB / /

SEX
M F

BRK
Y N

U25
Y N

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DECLARATION QUESTIONS

Each question must be answered on behalf of You (the person applying for this insurance) and also Your husband or wife or person with whom You are living in the nature of marriage, family members or any other person who may be covered under the insurance which is being applied for.

Have You or anyone else who will drive any vehicle You are insuring had any motor vehicle accidents, damage or theft in the last 5 years (whether a claim was made or not)? Yes No
DO NOT ANSWER IF YOU ARE NOT APPLYING FOR MOTOR VEHICLE INSURANCE

Have You or anyone else who will drive any vehicle You are insuring ever been disqualified from driving? Yes No
DO NOT ANSWER IF YOU ARE NOT APPLYING FOR MOTOR VEHICLE INSURANCE

Have You made a claim on any type of insurance in the past 5 years? Yes No

Have You or has any family member who lives with You, or anyone who will drive any vehicle You are insuring:
(a) ever been imprisoned for any criminal offence, or Yes No
(b) had any conviction for a criminal or driving offence within the last 7 years? Yes No

Has any insurance company ever refused to insure You? Yes No

Have You or anyone else who will drive any vehicle You are insuring ever had insurance declined, cancelled, or been refused renewal or had any special conditions imposed? Yes No

Is there any other information likely to affect this insurance? Yes No

If You have answered " Yes" , to any of the above please give full details below.

AGREEMENT

I agree that:

- 1. MATERIAL FACTS** (a) All information given to NZI (whether verbal or written) is true and correct;
(b) All material facts have been disclosed. (See "Your Duty of Disclosure");
- 2. TERMS OF POLICY** The terms of NZI's policy are accepted;
- 3. USE OF INFORMATION** (a) My personal information collected by NZI may be:
(i) used by NZI to advise me of its other services;
(ii) disclosed to other members of the insurance industry and Insurance Claims Register Ltd., and to parties who have a financial interest in the subject matter of the policy;
(b) My personal information held by other members of the insurance industry and Insurance Claims Register Ltd., may be disclosed to NZI.
- 4. AGENCY** Anyone who assists me to complete this Application Form is acting as my agent only.

Please note:

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, we may decline your application.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, and mortgagees etc.
- Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

ON BEHALF OF ALL APPLICANTS Signature _____ Date _____

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Client No: Pay plan: 1st Period:.....

Served by: 1st Inst date: 1st Amount:.....

Office: Receipt no:.....