

# Personal Insurance Plan



## Home and Contents Proposal

Reference

### 1. Your details

Name(s) in full (joint if applicable)	First name/s	Surname
1. Mr/Mrs/Miss/Ms/Other		
2. Mr/Mrs/Miss/Ms/Other		
Residential address		
Postal address (if different from above)		
Email address	Occupation(s) 1.	2.
Date(s) of Birth of main proposer(s)	1. / /	2. / /
Telephone - Private ( )	Business ( )	Mobile ( )
<b>When do you need cover?</b>	From start date	To at 4pm and renewable annually
<b>How do you wish to pay?</b>	Annually <input type="checkbox"/>	Instalment <input type="checkbox"/> (please complete a separate form if paying by instalment)

### 2. Property details

**Please answer for both home and contents insurance**

Full address of property being insured (if different from the postal address above)

Is the home on town (mains) water? Yes  No

Are there any entries against your certificate of title or has any notice been issued by a local authority in relation to the property? Yes  No   
If so please give details (e.g. a notice or entry under section 36 or 71 of the Building Act):

What type of home is this? House  Holiday Home  If so, how often is it visited?

Who lives at this home? Proposer (you) and family  Proposer and other tenants  How many?  Tenants only   
Other (Please specify)

How many self-contained units does this home have?

Is your property used for business purposes? Yes  No  If yes, please describe the business

**Home Security**

Are all external doors fitted with deadlocks and/or ranch-slider bolts? Yes  No

Is there a burglar alarm fitted? Yes  No  Audible  Monitored  Is there a smoke alarm fitted? Yes  No  Audible  Monitored

If it is monitored who is the monitoring company?

### 3. Home details

**What type of cover do you want?**

**a. MaxiPlan**  (this is total replacement accidental damage cover, based on area).  
What is the size of the home (including basement, garages, developed outbuildings, permanently installed swimming pools, and 50% of the deck area if it is over 40sqm)? Sq m  or Sq ft

**b. MaxiPlan Sum Insured**  This is accidental damage replacement cover for the sum insured of \$

**c. BasicPlan Replacement**  Listed perils replacement cover for the sum insured of \$

**d. BasicPlan Indemnity**  Listed perils indemnity cover for the sum Insured of \$

What year was your home built?

Do you require the Landlord's Extension? (Only available to tenanted homes on MaxiPlan cover and additional premium applies)  
This includes Landlord's Furnishings cover for \$20,000 IV and Loss of Rents cover for \$40,000. Yes  No

**What excess do you require?** (Our standard excess is \$50). \$50  \$100  \$250  \$500  \$1,000

(While your home is tenanted, an additional excess applies to the option ticked above)

If your home is subject to a mortgage, what is the full name and address of the mortgagee?

## 4. Contents details

### 1. What type of cover do you want? (Please consult your insurance professional)

a. MaxiPlan	<input type="checkbox"/>	Sum insured (minimum \$40,000)	\$	<input type="text"/>
b. BasicPlan Extra	<input type="checkbox"/>	Sum insured (minimum \$20,000)	\$	<input type="text"/>
c. BasicPlan	<input type="checkbox"/>	Sum Insured (minimum \$20,000)	\$	<input type="text"/>

If you have selected a Basic Plan (b or c) cover, do you want to purchase cover for - Frozen foods in your freezer (up to \$800)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Personal effects away from the situation (up to \$2,000)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### 2. What excess do you require? (Our standard excess is \$100).

\$100	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>
-------	--------------------------	-------	--------------------------	-------	--------------------------	-------	--------------------------	---------	--------------------------

(Note while your home is tenanted, an additional excess applies to the option ticked above)

### 3. The following items are covered to set limits. If you want to insure for their full value, please specify below and, if we require them, provide valuations.

**\$10,000:** in total for all unspecified jewellery

**\$5,000:** portable (laptop) computers or any other similar portable electronic devices

**\$3,000:** (or \$2,000 if your sum insured is below \$60,000 or **if you have a BasicPlan or BasicPlan Extra policy**): items of jewellery or watches, photographic or video camera equipment, any coin or stamp collection, bicycles, canoes, kayaks, surfboards, surf skis, windsurfers

**\$1,000:** cellphones; unset precious stones, bullion or gold or silver (other than silverware or goldware) or precious metals; remote controlled models

NB: Watercraft (other than noted above) are insured to \$1,500. If the market value is over \$1,500 there is no cover and they must be insured under a separate marine policy.

i.	\$	<input type="text"/>	iii.	\$	<input type="text"/>
ii.	\$	<input type="text"/>	iv.	\$	<input type="text"/>
SPECIFIED ITEMS TOTAL				\$	<input type="text"/>

### 4. Do you want the Lawsafe extension to cover legal defence costs up to \$100,000 (additional premium applies)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, please select one of the following options

Family	<input type="checkbox"/>	Couple	<input type="checkbox"/>	Individual	<input type="checkbox"/>
--------	--------------------------	--------	--------------------------	------------	--------------------------

For Lawsafe please state the full names and dates of birth of Family members normally residing with you, to be covered under the policy:

<input type="text"/>
----------------------

## 5. Questionnaire and declaration

1. Have you or your family members, de facto partner, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance:

#### a) In the last 10 years:

i. Suffered loss or damage exceeding \$1,000 to any property (whether insured or not)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii. Made an insurance claim?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii. Been subject to lawsuit or a legal liability claim?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iv. Been bankrupt?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

#### b) Ever:

i. Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii. Engaged in any criminal activity or had any criminal convictions, acquittals or diversions, or have any criminal prosecutions pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### 2. If you have selected the Lawsafe extension

i. Have you in the last 10 years had any serious traffic convictions? (Not minor infringements such as parking offences or speed camera tickets)	<input type="checkbox"/>	No	<input type="checkbox"/>
--	--------------------------	----	--------------------------

### 3. Is there any further information likely to affect this insurance?

If you have answered "Yes" to any of the above questions please provide full details and dates in the space provided below. If further space is required please complete on a separate sheet. (Details should also include name of Insurance Company(s) and Policy Number(s), where applicable).

<input type="text"/>
<input type="text"/>

### 4. Who was your Insurance Company for the last 12 months?

<input type="text"/>	Policy No	<input type="text"/>
----------------------	-----------	----------------------

**Your Duty of disclosure** You have a duty to tell Vero Insurance New Zealand Limited (Vero) any information which would influence Vero's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Vero may avoid your insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid. **I/we declare that:** **1.** The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance. **2.** This Proposal shall be the basis of the contract between me/us and Vero, and I am/we are willing to accept cover subject to Vero's policy conditions and any special terms they may require. **I/we authorise:** Vero to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd 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 purpose of deciding whether to issue insurance cover. The intended recipient is Vero, 48 Shortland Street, Auckland. **2.** Vero may refuse to provide the insurance cover if I/we fail to provide the information sought. **3.** I/we have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signed (Signatures of Proposers)  Dated