

# Contents Insurance Application Form



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 loss or damage to contents in the last 5 years.

### 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: \_\_\_\_\_ Post Code: \_\_\_\_\_

### CONTACTS

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Covers already with NZI   None    House    Contents    Car    Boat    Business

Period of Insurance:   From: \_\_\_\_\_ To: \_\_\_\_\_ at 4pm

## PAYMENT OPTIONS

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

## CONTENTS INSURANCE

Indicate cover chosen: NZI NZbrokers  NZI Essence

### ADDRESS WHERE CONTENTS KEPT

Number/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

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)? \_\_\_\_\_

If you own the home the contents are in:

Has the property been identified by the council as being at risk from any natural hazard, such as flooding or inundation, erosion or subsidence? This would be identified in the 'Land Features' section in a LIM report or similar document. Yes  No

If you have answered 'Yes' to any of the above, please provide additional information below.

**WHO WILL BE COVERED?** Insurance will cover Contents owned by the person making this application, and their legally married spouse and any children who live at the address above.

Is Insurance required for Contents owned (or jointly-owned) by anyone else? (eg de facto partner, grandparents etc). Yes  No

If 'Yes', you must give their details below or their contents will not be covered.

ABRVST

OFFICE  
USE ONLY

## SECURITY

Is the house fitted with a burglar alarm? Yes  No

Does it include an external siren? Yes  No

NALX

Y  N

OFFICE  
USE ONLY

Was it fitted professionally? Yes  No

Is it professionally monitored? Yes  No

NALM

Y  N

OFFICE  
USE ONLY

Do all external doors have deadlocks? Yes  No

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

Is there a permanently fixed safe installed at the home? Yes  No

## NZI NZBROKERS CONTENTS LIMITS

	ITEMS	NZI NZBROKERS	NZI ESSENCE
1. Watch or item of jewellery	<i>any item</i>	\$5,000	\$3,000
	<i>total all items</i>	No Limit	\$10,000
2. Camera and photography equipment (including video)	<i>any item</i>	\$5,000	\$2,000
3. Bicycles	<i>any item</i>	\$5,000	\$2,000
4. Money, vouchers, bullion, unset precious stones, credit cards or stamps not part of a collection	<i>total all items</i>	\$1,000	\$750
5. Home office furniture and equipment (while at the home) (Max \$1,500 while away from home)	<i>total all items</i>	\$15,000	Not covered
6. Ornament, painting, picture or work of art	<i>any item</i>	No Limit	\$10,000
7. Collection (stamps, medals, phonecards, coins, collector trading cards or coins)	<i>any one collection</i>	\$5,000	\$3,000
8. Hearing aids and dentures	<i>any item</i>	No Limit	\$3,000
9. Portable electronic equipment	<i>total all items</i>	No Limit	\$2,000
10. Parts and accessories of motor vehicle, watercraft, aircraft	<i>total all items</i>	\$2,500	\$2,500
11. Motor vehicle accessories attached to employer's vehicle	<i>any item</i>	\$1,500	Not covered
12. Model or toy aircraft	<i>any item</i>	\$2,000	\$2,000
13. Surfboard, surf ski, kite surfer, paddle board, windsurfer, dinghy, kayak or canoe	<i>any item</i>	\$3,000	\$2,000

(Note: Dinghies, kayaks and canoes over this limit should be insured under a Pleasurecraft policy)

Do you wish to apply for cover above any of these limits?

Yes  No  If 'Yes', please give details below:

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

## POLICY EXCESS

**NZI NZbrokers** Standard Excess \$250 Plus additional Voluntary Excess (with Premium Discount) \$150  \$400  \$750

**NZI Essence** Standard Excess \$500 Plus additional Voluntary Excess (with Premium Discount) \$250  \$500  \$1,000

\$

OFFICE  
USE ONLY

## SUM INSURED

What is the total cost of replacing the general contents at today's prices (excluding specified items listed above)? \$ \_\_\_\_\_

Does the general contents sum insured include any individual painting, picture or work of art that exceeds \$25,000 in value? Yes  No

If 'Yes', please advise the name of artist, name of work, value and details of most recent valuation: \_\_\_\_\_

## GENERAL QUESTIONS

Each question must be answered on behalf of You (the person applying for this insurance) and also your spouse, family members or any other person who may be covered under the insurance which is being applied for.

1. Have you or has any member of your family living with you (if to be covered by this insurance)
- (a) had any loss or damage to any contents in the last 5 years (whether a claim was made or not)? Yes  No
- (b) had any insurance declined, cancelled, or been refused renewal, or had any special conditions imposed, including excesses in the last 5 years? Yes  No
- (c) ever been imprisoned for any criminal offence, or Yes  No
- (d) had any conviction for a criminal offence within the last 7 years? Yes  No
2. 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: \_\_\_\_\_

## 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 any financially interested party.
- 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: \_\_\_\_\_

### FOR OFFICE USE ONLY

Client No: \_\_\_\_\_ Pay plan: \_\_\_\_\_ 1st Period: \_\_\_\_\_

Served by: \_\_\_\_\_ 1st Inst date: \_\_\_\_\_ 1st Amount: \_\_\_\_\_

Office: \_\_\_\_\_ Receipt no: \_\_\_\_\_