

# Home Insurance Application Form



Broker'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 a home, contents or vehicle 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: \_\_\_\_\_

If the applicant is a Body Corporate, Trust or Company, please provide the following information on a separate sheet and attach to the application form:  
Body Corporate – Details of all unit proprietors and mortgagees, Trust – Detail of Trustees, Company – Details of Owners and Directors.

### POSTAL ADDRESS

Number/Street: \_\_\_\_\_ PO Box: \_\_\_\_\_

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

### CONTACTS

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Covers already with NZI None  House  Contents  Car  Boat  Business

Please provide the name of any Company or Trust that you own and insure with NZI: \_\_\_\_\_

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.

## HOME INSURANCE

Indicate cover chosen: NZI NZbrokers  NZI Essence

### ADDRESS OF PROPERTY

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

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

What is the source of water supply? Reticulated water supply  Tank/bore

### HOME STRUCTURE

What type of home is this? Freestanding house  Semi-detached  Flat/unit  Apartment  Body corporate

Is the home fully self-contained? (Self-contained means that the home has its own functional kitchen and bathroom facilities). Yes  No

How many self-contained dwellings are to be insured by this policy? \_\_\_\_\_

How many self-contained dwellings are there in the building? \_\_\_\_\_

What is the main building material for outside walls?

Brick veneer <input type="checkbox"/>	Concrete block <input type="checkbox"/>	Cement <input type="checkbox"/>
Double brick <input type="checkbox"/>	Fibre cement (fibro) <input type="checkbox"/>	Mud brick <input type="checkbox"/>
Rockcote/EPS <input type="checkbox"/>	Rock/stone <input type="checkbox"/>	Timber/weatherboard <input type="checkbox"/>
Other <input type="checkbox"/>	_____	

Number of storeys: \_\_\_\_\_ Year Built: \_\_\_\_\_

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

All electrical wiring replaced Yes  No

Roof completely replaced Yes  No

All plumbing replaced Yes  No

All walls re-lined with plasterboard Yes  No

Completely re-piled Yes  No

Does the home have a Heritage New Zealand classification? Yes  No

Does the council identify the home as a heritage building, or that it is in a heritage zone? Yes  No

If you have answered 'Yes' to any of the above, please provide additional information below, such as dates renovations were carried out, etc:

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### FLOOR AREA

Please provide the floor area of:

• the home including all levels, attached garage, conservatory and developed basement \_\_\_\_\_ sq metres

• any detached garage and outbuildings (over 10sqm each) \_\_\_\_\_ sq metres

• the decking \_\_\_\_\_ sq metres

**HOME SUM INSURED**

What is the estimate of the likely cost to rebuild the home and domestic outbuildings in today's prices? This should include any increased policy limits for retaining walls and Recreational Features listed below, allowance for inflation, demolition, and fees associated with rebuilding.

\$ \_\_\_\_\_

Within the Home Sum Insured the following levels of cover apply:

	NZI NZBROKERS	NZI ESSENCE
Retaining Walls (Total all items)	\$75,000	no cover
Recreational Features* (Total all items)	\$75,000	no cover

\*Any tennis court and/or permanent fixed swimming pool or permanently fixed spa pool including its ancillary equipment and/or pump(s).

Do you wish to apply for cover above the levels shown above? Yes  No

If 'Yes', please provide details of the items (e.g. construction materials, dimensions, condition and age of each structure) along with the likely cost to rebuild them:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**SPECIAL FEATURES' SUMS INSURED**

Does the property have any Special Features listed below for which you would like cover under this policy?

Bridge, culvert, permanent ford or dam  Cable car and its associated equipment

Wharf, pier, landing or jetty  Private utility plant and associated equipment (e.g. wind mills)

If 'Yes' to any of the above, please provide details of the items (e.g. construction materials, dimensions, condition and age of each structure) along with the likely cost to rebuild them:

	<b>SPECIAL FEATURE SUM INSURED</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL SUM INSURED**

The Total Sum Insured is the sum of the Home Sum Insured and any Special Features' Sums Insured (above).

A. Home Sum Insured \$ \_\_\_\_\_  
 B. Special Features' Sums Insured \$ \_\_\_\_\_  
**Total Sum Insured (A+B)** \$ \_\_\_\_\_ (This Total Sum Insured excludes GST)

This is the maximum amount payable to repair or rebuild your home.

If:

- the estimated cost to rebuild the home and domestic outbuildings exceeds \$2,000,000 and/or
- the floor area of the home, garage(s) and outbuildings exceeds 500sqm,

has a Valuation for Insurance Purposes been completed for the home in the last 4 years?

Yes  No

If 'Yes', please provide a copy along with this application.



## DECLARATION QUESTIONS

1. Have you or any other person or entity to be covered by the insurance such as your spouse, de facto partner, family members, business partners, trustees and/or beneficial owners:
- (a) had any insurance declined, cancelled, or been refused renewal, or had any special conditions imposed, including excesses in the last 5 years? Yes  No
- (b) ever been imprisoned for any criminal offence, or Yes  No
- (c) had any conviction for a criminal offence within the last 7 years? Yes  No
- (d) had any loss or damage to any home in the last 5 years (whether a claim was made or not?) 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:
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## 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: \_\_\_\_\_