



## RESIDENTIAL DOMESTIC INSURANCE

### PROPOSAL FORM (Building & Contents)

**Please read this carefully before completing the Proposal**

#### **Your duty of disclosure:**

Before you enter into a contract of general insurance with an insurer, you have a duty at law and under the Insurance Law Reform Act 1977 and 1985 to disclose to the insurer every matter that you know, or could reasonably expect to know is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of General Insurance.

#### **Your duty however does not require disclosure of matter:**

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of business, ought to know
- as to which compliance with your duty is waived by the insurer

#### **Non-disclosure:**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

#### **Rights of Subrogation:**

This insurance provides that you will not be able to recover under it if you enter into any agreement, which excludes or limits your right of recovery from other parties; therefore you must not have agreed and must not agree to give away any of your rights because that will affect the subscribing Underwriters right to recover from these other parties.

#### **Interests of other Parties:**

For any party to be indemnified by this insurance they must be named in the contract or otherwise be included as a party with a proven insurable interest.

#### **Excess/Deductibles:**

Excess or a Deductible is the first amount of each claim you are required to bear yourself, may not apply to each part. Details of the Excess (es) applicable will be shown on the Schedule against the particular Section or Part.

#### **Claims:**

The insurance proposed on this Proposal Form does not provide cover in relation to events that occurred before the contract was entered into.

#### **Acceptance of the Proposal:**

The Insurance proposed on this Proposal will not be in force until the completed Proposal has been received and the risk accepted by the insurer. The subscribing Underwriters reserve the right to decline any Proposal.

## GENERAL INFORMATION

Period of Insurance From / / to / / at 4pm

### The Insured

Address (Postal)

### Contact Details

Telephone		Fax	
Mobile		Email	

### Details of the Premises to be Insured

1. Address


2. Type of Home

House	Flat/Apartment	Unit	Body Corporate	Other

3. How are the premises occupied?

	Owner Occupied
	Proposer as Tenant
	Proposer as Landlord
	Holiday Home
	Unoccupied

4. Are the premises watertight, structurally sound and secure? Yes  No

5. Are the premises connected to Town water supply? Yes  No

6. Construction

<b>Walls</b>		<b>Roof</b>	
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7. Interested Party?

8. Year Built?

If the premises were built before 1945, have they been:

Replumbed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, when?	<input type="text"/>
Reclad	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, when?	<input type="text"/>
Relined	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, when?	<input type="text"/>
Rewired	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, when?	<input type="text"/>
Reroofed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, when?	<input type="text"/>
Replied	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, when?	<input type="text"/>

9. Do the premises have a Historic Places Trust Classification? Yes  No

10. Do the premises have more than one self-contained unit? Yes  No   
If Yes please provide details:-

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

Note: For Earthquake Commission Natural Disaster cover, a "self-contained unit" is any residential dwelling that includes domestic facilities.

11. Are there any entries against the premises certificate of title or has there been any notice issued by a local authority in relation to the property, such as a notice or entry Section 36 or Section 74 of the Building Act?  
If Yes please provide details:-

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

12. Are the premises fitted with a Burglar Alarm? Yes  No   
If Yes, is it monitored?

Yes  No

## Coverage Required

### 1. Residential Building Cover

Being the total replacement Accidental Damage cover based on area.

In square metres what is the size of the Insured Premises including all levels, decks, garage(s), tennis courts, permanently installed swimming pools and any other Domestic outbuilding

<input type="text"/>	Square Metres
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## 2. Residential Contents Cover

### A. Non-specified sum insured

\$

Note: the specified item limits detailed in the policy wording apply unless separately listed under the Specified Items below:

### B. Specified Items

1.	\$
2.	\$
3.	\$

Note: If cover required for more than 3 items please attach separate list  
Attach valuation for each item to this proposal form (ie copy of Jewellers valuation)

### C. Young Persons extension

This cover is available only if section A is taken. The Sum insured for each Person is included within Cover A's sum insured.

List separately each Young Person, which institute of learning they are attending and what sum insured they require (not to exceed \$5,000 per Person)

1.	\$
2.	\$

## PERSONAL HISTORY

### To be completed by you the 'Proposed Insured'

Have You or any other person to be covered under this policy or any person who may benefit from this insurance:

- a. In the past 5 years experienced loss or damage to House or Contents (whether a claim was made or not)? Yes  No
- b. Ever experienced any loss of \$5,000 or more to any property? Yes  No
- c. Ever withdrawn a claim? Yes  No
- d. Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused? Yes  No
- e. Ever had a conviction not subject to the 'clean slate scheme' under the Criminal Records Act 2004 or do you currently have a prosecution pending? Yes  No
- f. Ever been involved in criminal activity or association? Yes  No
- g. Is the property used for anything other than private purposes? Yes  No

h. Is there any further information that we should know about that may affect our decision to insure You? Yes  No

**If you answered Yes to any of the above please give details. Please attach full details on a separate sheet of paper if not sufficient space on this form:**


## Privacy Act Statement

We are committed to protecting your privacy. We only use the personal information you provide to us, to quote on and insure your risks. We only provide personal information to our underwriters and re-insurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you do not provide us with complete information, we can not properly quote for your insurance and we can not insure you. Indeed if we subsequently find that you failed to provide us all relevant information it may be grounds on which we can refuse a claim and/or deny the policy.

If you provide us with personal information about anyone else, we reply on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we reply on you to have obtained their consent on these matters.

## Declaration and Acknowledgements

**I/We declare and acknowledge as follows:**

1. I/We have not suppressed, misrepresented or misstated any material information within my/our knowledge likely to affect the decisions of the Insurers as to my/our eligibility for Insurance, and the answers given in this proposal are truthful and frank in every respect.
2. Insurance cover will only arise upon the Insurers acceptance of this proposal as notified by the issue of an appropriate Policy Schedule and/or Policy Document.
3. Subject to the Insurance Law Reform Acts 1977 and 1985, if this Proposal is accepted by the Insurer, the Proposal and the Policy and the Policy Schedule which is issued shall constitute the entire agreement between the parties and shall supersede any prior representations or warranties.
4. The subscribing Underwriters will be relying on the information provided by me/us in the Proposal in deciding whether to provide cover and if so, on what terms.
5. I/We have read and understood the notice concerning my/our duty of disclosure.
6. Where answers to questions contained on this Proposal are not in my handwriting they have been checked by me/us and I/We certify that they are in every respect truthful and frank.
7. I/We will make the premises available for inspection by Western Pacific Insurance Limited and/or their agent.

Head Office : Level 2, Chester Building, Cnr Camp & Shotover Streets, Queenstown, New Zealand  
Phone (643) 409 2500 Fax (643) 409 2600  
All Correspondence to: Post Office Box 1935, Queenstown, New Zealand.

8. I acknowledge that all personal information collected by Western Pacific Insurance Limited may be disclosed to other members of the industry and Insurance Claims Register Ltd. Any personal information held by other members of the insurance industry and Insurance Claims register Ltd may be disclosed to Western Pacific Insurance Ltd.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_