

# Home, Contents and Motor Vehicle

## APPLICATION FORM



Agent 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: \_\_\_\_\_ Suburb: \_\_\_\_\_

PO Box: \_\_\_\_\_ Town/City: \_\_\_\_\_ Post code: \_\_\_\_\_

#### CONTACTS

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

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

Covers already with NZI: None ☐ Home ☐ 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, Contents and Motor Vehicle / APPLICATION FORM

## HOME INSURANCE

Indicate cover chosen: NZI Echelon ☐ NZI Essence ☐ NZI Houseowners Replacement ☐ NZI Houseowners Present Value ☐

### 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 ☐ Concrete block ☐ Cement ☐

Double brick ☐ Fibre cement (fibro) ☐ Mud brick ☐ Metal ☐

Rockcote/EPS ☐ Rock/stone ☐ Timber/weatherboard ☐

Other ☐ \_\_\_\_\_

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 Gib Board Yes ☐ No ☐

Completely re-piled Yes ☐ No ☐

Does the home have a Historic Places Trust 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, Contents and Motor Vehicle / APPLICATION FORM

## SUM INSURED

### HOME SUM INSURED

If NZI ECHELON, NZI ESSENCE OR NZI HOUSEOWNERS REPLACEMENT VALUE cover has been selected:

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 below, allowance for inflation, demolition, and fees associated with rebuilding.

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

If NZI HOUSEOWNERS PRESENT VALUE cover has been selected:

What is the present value of the home, including any increased policy limits below, but not including the value of the land?

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

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

	NZI ECHELON	NZI ESSENCE	NZI HOUSEOWNERS
Retaining Walls (Total all items)	\$25,000	no cover	no cover
Recreational Features* (Total all items)	\$45,000	no cover	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:

	SPECIAL FEATURE SUM INSURED
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

### 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 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.

# Home, Contents and Motor Vehicle / APPLICATION FORM

## OCCUPANCY

Who lives in the home?      Owner & family ☐      Owner & tenants ☐      Owner & boarders ☐  
   Tenants ☐      Owner's relative/employee ☐      Owner's holiday home ☐  
   Holiday home to let ☐      Retirement village unit ☐      Unoccupied ☐

Does more than one tenancy agreement operate at the property?      Yes ☐      No ☐      If 'Yes', how many? \_\_\_\_\_

Is any part of the property ordinarily available for periods of less than 28 days?      Yes ☐      No ☐

## FOR TENANTED PROPERTIES ONLY

1. Who manages the property?      Owner ☐      Property Manager ☐
2. Is the interior inspected by the owner or a property manager less frequently than once every 3 months?      Yes ☐      No ☐
3. Has there been any damage by tenants (whether insured or not) in the past 5 years?      Yes ☐      No ☐

If 'Yes', to question 2 or 3, please give details below (include date and approximate cost for question 3).

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4. Do you want to purchase the Optional Additional Benefit – Landlord's Protection?      Yes ☐      No ☐  
(This option is only available under NZI Echelon)

5. What is the weekly rental amount? \$ \_\_\_\_\_

The cover on a tenanted property has a higher standard excess and is subject to specific conditions. Please refer to the policy wordings for full details.

## GENERAL QUESTIONS

Is any part of this property used for any business, trade or profession,  
other than as a home office or residential rental property?      Yes ☐      No ☐

Is any part of the property damaged or in need of repair?      Yes ☐      No ☐

Is any part of the property undergoing renovation or alteration, or that is partially built?      Yes ☐      No ☐

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:

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Is the home watertight, structurally sound, secure and well-maintained?      Yes ☐      No ☐

If 'No', please provide details below:

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# Home, Contents and Motor Vehicle / APPLICATION FORM

## POLICY EXCESS

### NZI ECHELON AND HOUSEOWNERS

Standard Excess \$400      Plus additional Voluntary Excess (with Premium Discount)      \$350 ☐      \$850 ☐      \$1,600 ☐

### NZI ESSENCE

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

## MORTGAGEE DETAILS

Please provide details of any mortgage interests to be noted including the name and postal address. If the applicant is a Body Corporate, please provide details of all unit proprietors and mortgagees on a separate sheet and attach it to the application.

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## CONTENTS INSURANCE

Indicate cover chosen:      NZI Echelon ☐      NZI Essence ☐      Householders ☐

### ADDRESS WHERE CONTENTS KEPT

Number/Street:

Suburb:  Town/City:

The property that the contents are in, is occupied by:

Its owner ☐      The owner as a holiday/weekend home ☐      A tenant (alone or with family) ☐

A tenant (sharing with non family members) ☐      An employee/relative of owner ☐      A tenant, but contents insured by the owner ☐

If you own the home the contents are in:

Has your 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 within the 'Land Features' section in a LIM Report or similar document.      Yes ☐      No ☐

If 'Yes', please provide additional information below:

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## Home, Contents and Motor Vehicle / APPLICATION FORM

**WHO WILL BE COVERED?** This 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 a marriage and their family who live at the address above.

Is Insurance required for contents owned (or jointly-owned) by anyone else? (e.g. grandparents etc).

Yes ☐

No ☐

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

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### 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 ☐

Do all accessible external windows have keyed window locks?

Yes ☐

No ☐

Is there a permanently fixed safe installed at the home?

Yes ☐

No ☐

NALX  
Y ☐ N ☐

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USE ONLY

NALM  
Y ☐ N ☐

OFFICE  
USE ONLY

# Home, Contents and Motor Vehicle / APPLICATION FORM

## POLICY LIMITS

	Items	NZI Echelon	NZI Essence	Householders
1. Watch or item of jewellery	any item	\$3,000	\$3,000	\$1,500
	total all items	\$15,000 (jewellery)	\$10,000	\$10,000
2. Camera and photography equipment (including video)	any item	\$3,000	\$2,000	\$1,500
	total all items	No Limit	No Limit	\$3,500
3. Bicycles	any item	\$2,000	\$2,000	\$1,000
4. Money, vouchers, bullion, unset precious stones	total all items	\$1,000	\$750	\$250
5. Home office furniture and equipment (while at the home)	total all items	\$10,000	Not covered	\$1,000
6. Ornament, painting, picture or work of art	any item	No Limit	\$10,000	No Limit
7. Collection (stamps, medals, phone cards, collector trading cards or coins)	any one collection	\$3,000	\$3,000	\$1,000
8. Hearing aids and dentures	any item	No Limit	\$3,000	No Limit
9. Portable electronic equipment	total all items	No Limit	\$2,000	\$1,000
10. Parts and accessories of motor vehicle, watercraft, aircraft	total all items	\$2,500	\$2,500	\$1,000

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: These policies do contain other limits – please refer to the policy wording or full details

## POLICY EXCESS

### NZI ECHELON AND HOUSEHOLDERS

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 ☐

\$

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# Home, Contents and Motor Vehicle / APPLICATION FORM

## SUM INSURED

ECHELON and ESSENCE: What is the total cost of replacing your general contents at today's prices (excluding specified items listed above)?

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

HOUSEHOLDERS: (a) What is the total insurable value of your contents, excluding specified items \$ \_\_\_\_\_

(b) Do you want to purchase the Special Risks Extension? Yes ☐ No ☐

NSRX  
Y ☐ N ☐ OFFICE  
USE ONLY

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:

\_\_\_\_\_

## 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): Full ☐ Third Party Fire and Theft ☐ Third Party only ☐

Make and model of vehicle: \_\_\_\_\_ Date of manufacture: \_\_\_\_\_

Registration number: \_\_\_\_\_ Market value of vehicle/Sum Insured (\$) \_\_\_\_\_ Engine size: \_\_\_\_\_ (cc)

**Fuel Type:** Petrol ☐ Diesel ☐ **Transmission:** Automatic ☐ Manual ☐ **Turbo:** Yes ☐ No ☐ **Rotary:** Yes ☐ No ☐

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 \$1,000? 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 ☐ Orphan ☐ \*Fuel efficient ☐ \*Hybrid ☐

**\*Note:** Only vehicles with an efficiency rating of 5.5 litres per 100km or less and can be identified as such on [www.rightcar.co.nz](http://www.rightcar.co.nz) or the current NZI list of Fuel Efficient vehicles on [www.nzi.co.nz](http://www.nzi.co.nz) qualify.



# Home, Contents and Motor Vehicle / APPLICATION FORM

Does the vehicle have a car security system?

Yes ☐

No ☐

If 'Yes', complete (a), (b) and (c) below:

(a) Alarm ☐ Immobiliser ☐ GPS system ☐

(b) Was the system fitted by the manufacturer before the vehicle was sold new in New Zealand?

Yes ☐

No ☐

(c) Advise NZSA Star Rating (for alarm/immobiliser) 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) AND 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)

## POLICY EXCESS

Standard Excess \$300

Plus additional Voluntary Excess (with Premium Discount)

\$200 ☐

\$700 ☐

### Please note:

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

POLICYX/S  
S ☐ V ☐ C ☐

\$

OFFICE  
USE ONLY

## ADDITIONAL INFORMATION

Do you want to apply for NZI Roadside Assist cover? (Full cover only)

Yes ☐

No ☐

Do you want a Named Drivers Discount?

Yes ☐

No ☐

(Up to 2 of the drivers listed above can be named – both must be aged 25 yrs or older)

If 'Yes', please tick the two drivers chosen.

1 ☐ 2 ☐ 3 ☐ 4 ☐

### Please note:

- ▶ Any other drivers will be subject to an additional excess.

Do you want to exclude all drivers under the age of 25 years for a premium discount?

Yes ☐

No ☐

### Please note:

- ▶ This extension may not be available if we restrict cover to named drivers as part of any special terms to insure the vehicle.

Do you want to apply for the Low Km option?

Yes ☐

No ☐

If 'Yes', what is the vehicle's current odometer reading? \_\_\_\_\_

### Please note:

- ▶ This option is available if you are applying for Full cover.
- ▶ If you choose this option, all drivers aged under 25 years will be excluded from cover under this policy.

RATEAREA

GRADING

DOB  
/ /

SEX  
M ☐ F ☐

HFE  
Y ☐ N ☐

BRK  
Y ☐ N ☐

NAMEDRIVER  
Y ☐ N ☐

U25  
Y ☐ N ☐

LOW KM  
Y ☐ N ☐

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# Home, Contents and Motor Vehicle / APPLICATION FORM

## 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): Full ☐ Third Party Fire and Theft ☐ Third Party only ☐

Make and model of vehicle: \_\_\_\_\_ Date of manufacture: \_\_\_\_\_

Registration number: \_\_\_\_\_ Market value of vehicle/Sum insured (\$) \_\_\_\_\_ Engine size: \_\_\_\_\_ (cc)

**Fuel Type:** Petrol ☐ Diesel ☐ **Transmission:** Automatic ☐ Manual ☐ **Turbo:** Yes ☐ No ☐ **Rotary:** Yes ☐ No ☐

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 \$1,000? 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 ☐ Orphan ☐ \*Fuel efficient ☐ \*Hybrid ☐

**\*Note:** Only vehicles with an efficiency rating of 5.5 litres per 100km or less and can be identified as such on [www.rightcar.co.nz](http://www.rightcar.co.nz) or the current NZI list of Fuel Efficient vehicles on [www.nzi.co.nz](http://www.nzi.co.nz) qualify.

Does the vehicle have a car security system? Yes ☐ No ☐

If 'Yes', complete (a), (b) and (c) below:

(a) Alarm ☐ Immobiliser ☐ GPS system ☐

(b) Was the system fitted by the manufacturer before the vehicle was sold new in New Zealand? Yes ☐ No ☐

(c) Advise NZSA Star Rating (for alarm/immobiliser) 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: \_\_\_\_\_

# Home, Contents and Motor Vehicle / APPLICATION FORM

## DETAILS OF THE OWNER(S) AND 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)

## POLICY EXCESS

Standard Excess \$300

Plus additional Voluntary Excess (with Premium Discount)

\$200 ☐

\$700 ☐

### Please note:

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

POLICYX/S  
S ☐ V ☐ C ☐

\$

OFFICE  
USE ONLY

## ADDITIONAL INFORMATION

Do you want to apply for NZI Roadside Assist cover? (Full cover only)

Yes ☐

No ☐

Do you want a Named Drivers Discount?

Yes ☐

No ☐

(Up to 2 of the drivers listed above can be named – both must be aged 25 yrs or older)

If 'Yes', please tick the two drivers chosen.

1 ☐

2 ☐

3 ☐

4 ☐

### Please note:

- ▶ Any other drivers will be subject to an additional excess.

Do you want to exclude all drivers under the age of 25 years for a premium discount?

Yes ☐

No ☐

### Please note:

- ▶ This extension may not be available if we restrict cover to named drivers as part of any special terms to insure the vehicle.

Do you want to apply for the Low Km option?

Yes ☐

No ☐

If 'Yes', what is the vehicle's current odometer reading? \_\_\_\_\_

### Please note:

- ▶ This option is available if you are applying for Full cover.
- ▶ If you choose this option, all drivers aged under 25 years will be excluded from cover under this policy.

RATEAREA	GRADING	DOB / /	SEX M <input type="checkbox"/> F <input type="checkbox"/>	HFE Y <input type="checkbox"/> N <input type="checkbox"/>	BRK Y <input type="checkbox"/> N <input type="checkbox"/>	NAMEDRIVER Y <input type="checkbox"/> N <input type="checkbox"/>	U25 Y <input type="checkbox"/> N <input type="checkbox"/>	LOW KM Y <input type="checkbox"/> N <input type="checkbox"/>	OFFICE USE ONLY
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## DECLARATION QUESTIONS

- 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:

### HOME AND CONTENTS INSURANCE

had any loss or damage to any home or contents in the last 5 years (whether a claim was made or not?)

Yes ☐

No ☐

### MOTOR VEHICLE INSURANCE

(a) had any motor vehicle accidents, damage or theft in the last 5 years (whether a claim was made or not)?:

Yes ☐

No ☐

(b) ever been indefinitely disqualified from driving for repeat alcohol or drug related driving offences?

Yes ☐

No ☐

(c) had any conviction or fine for any other driving offence within the last 5 years?

Yes ☐

No ☐

# Home, Contents and Motor Vehicle / APPLICATION FORM

## ALL INSURANCE

Have you or has any member of your family living with you (if to be covered by this insurance), or has anyone who will drive any vehicles you are insuring:

(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 ☐

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:

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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. \_\_\_\_\_