

# Personal Insurance – Proposal

## INTRODUCTION

Surname	Applicant 1	Applicant 2
First name(s)		
Date of birth	/ /	/ /
Occupation		
Telephone		
Trading name (if applicable)		
Postal address		
Postcode		Email

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

(Your bank account or credit card will be automatically debited until further notice)

## DUTY OF DISCLOSURE

Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act"), you are under a duty to disclose all material information to Vero whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed.

The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Vero voiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

## SECTION 1. HOME RISK

Risk Start Date	/ /	Renewal Date	/ /
Cover Type	Residential Home Maxi Sum Insured Replacement <input type="checkbox"/>	Residential Home Flexi Sum Insured Indemnity <input type="checkbox"/>	
Location Address	Unit	Street No.	Street Name
		Suburb / Town	
Have you made any house (excluding contents) related insurance claims within the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the home on a lifestyle block or farm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes: A home on a lifestyle block or farm cannot be covered under this policy.			
How many self-contained units are at this location?	Home only <input type="checkbox"/>	or Home plus	units
If Home plus units, will any of the units cost less than \$150,000 to rebuild?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes: Unit No.	Value \$	Unit No.	Value \$
(These amounts will be each unit's sum insured unless you specify a different amount)			
What is the sum insured of your home?			\$
The sum insured amount should represent the cost of rebuilding the existing home and any self-contained unit(s) (including all of the improvements at your property).			
What type of building is the main home?	Freestanding <input type="checkbox"/>	Attached <input type="checkbox"/>	Other <input type="checkbox"/>
If Other: Details of type of building			
How is the home used the majority of the time?	Owner occupied home <input type="checkbox"/>	Owner occupied home and rental <input type="checkbox"/>	
	Rental property <input type="checkbox"/>	Holiday home owner and family <input type="checkbox"/>	
	Unoccupied home <input type="checkbox"/>	Holiday home owner and casual letting <input type="checkbox"/>	
		Other <input type="checkbox"/>	

## SECTION 1. HOME RISK CONT...

If Other: How is the home used?

Is this home part of a multi unit or Body Corporate complex? Yes ☐ No ☐

Does this home have a monitored smoke or heat detector? Yes ☐ No ☐

What is the approximate size of the home sqm What year was this home built?

If pre 1945:

Has this home been fully re-wired since 1945? Yes ☐ No ☐

Has the Historic Places Trust placed any restrictions or preservation orders on this home? Yes ☐ No ☐

Does this home have any scrim walls? Yes ☐ No ☐

Is any form of business run from this home? Yes ☐ No ☐

If Yes: Home office ☐ Qualified Medical ☐ B&B or Homestay or similar (< 50% of home) ☐  
B&B or Homestay or similar (> 50% of home) ☐ Other ☐

If Other: What type of business?

Are there any entries against the certificate of title for this home? Yes ☐ No ☐

Is there a mortgage on this home? Yes ☐ No ☐

If Yes: Mortgagee name Type of Mortgagee

What excess option would you like?

\$5,000 Excess ☐ \$2,500 Excess ☐ \$1,000 Excess ☐ \$750 Excess ☐ \$500 Excess ☐ \$400 Excess (Standard) ☐

Landlord Extension (only available to full time tenanted houses). Do you require this extension? Yes ☐ No ☐

Cover Option Maxi - Includes Landlord's furnishings cover for \$20,000 (indemnity value), Loss of Rent cover for \$40,000, malicious damage by tenant for \$30,000 and non-payment of rent by tenant (various limits apply) - per dwelling unit.

Cover Option Flexi - Includes Landlord's furnishings cover for \$5,000 (indemnity value) and Loss of Rent cover for \$20,000 - per dwelling unit.

## SECTION 1a. HOLIDAY HOME DETAILS

How often do you and your family occupy the holiday home?

Is the holiday home leased out on a short term basis? Yes ☐ No ☐

How many weeks a year is the house leased out?

Is this holiday home leased out via website / book a bach / other advertising? Yes ☐ No ☐

Do your immediate neighbours of this property occupy their homes full time? Yes ☐ No ☐ How far away are the neighbours?

Is the house in a built up area? Yes ☐ No ☐ If no, how far is your holiday home from nearest town?

Do you arrange for anyone to mow your lawns and empty your letter-box? Yes ☐ No ☐

What type of security is there in the house? Does it have an alarm, window locks or deadlocks? Yes ☐ No ☐

If yes, please give details:

When you do not occupy your holiday home, do you:

Turn off your outside water supply? Yes ☐ No ☐

Turn off all power at the switchboard? Yes ☐ No ☐

Is your holiday home exposed to water inundation from any man made or natural water ways?  
(including: drains, creeks, rivers, beaches and similar)

If yes, please give details:

## SECTION 2. CONTENTS RISK

Risk Start Date / / Renewal Date / /

Cover Type Residential Home Maxi Sum Insured Replacement ☐ Residential Home Flexi Sum Insured Indemnity ☐

Location Address Unit Street No. Street Name

Suburb / Town

## SECTION 2. CONTENTS RISK..

Have you made any contents related insurance claims within the last 12 months? Yes ☐ No ☐

Type of property where the contents are located? Owner occupied home ☐ Rental property ☐  
 Owner occupied home and rental ☐ Holiday home ☐  
 Unoccupied home ☐ Storage ☐  
 Other ☐

If Other, what type of property are the contents located at?

Who uses the contents? The insured ☐ The insured and up to 2 unrelated flatmates ☐  
 My tenant - single tenant / family ☐ The insured and my single tenant / family ☐  
 The insured and more than 2 unrelated flatmates ☐ My tenant - multi and unrelated ☐  
 Holiday home owner and family ☐ Holiday home owner and casual occupants ☐

Does this home have a security alarm? Yes ☐ No ☐

If Yes: Monitored security systems ☐ Unmonitored security systems ☐

If monitored, name of monitoring company:

What is the sum insured of your general contents? \$ \_\_\_\_\_

What is the sum insured of your specified items? + \$ \_\_\_\_\_ (refer below)

Total contents sum insured = \$ \_\_\_\_\_

### SPECIFIC ITEMS WITH LIMITS THAT CAN BE INCREASED

This section summarises some of the items of contents with limits that you can increase if you specify a higher value below. This summary does not include all of the limits within the Vero Residential Contents Policy. You should not rely on this summary and need to refer to the Vero Residential Contents Policy document for the full details of the limits and conditions of cover.

The following items are covered up to the limits in this table below:

Item	Limit
Bicycle (or any e-bike)	\$3,000
Camera / Video Camera Equipment	\$3,000
Canoe / Kayak, Surf Ski / Board, Paddleboard, Kite / Wind-surfer	\$3,000
Drone	\$3,000
Jewellery / Watches*	\$3,000
Individual coin, card or stamp	\$1,000
Collection of coins / cards / stamps	\$3,000
Gold / Silver / Bullion or precious metals (in total for any one claim for one or more items)	\$1,000
Unset precious or semi-precious gemstones or minerals (in total for any one claim for one or more items) **	\$1,000
Worldwide jewellery	\$0

\* The maximum amount we will pay for any one claim for multiple items of jewellery and watches that are NOT specified will be 15% of the contents sum insured (excluding the specified items sum insured) or \$15,000, whichever is the greater.

\*\* The limit for unset precious or semi-precious gemstones or minerals can only be increased in some circumstances. You will need to apply to extend this limit. If we agree to extend this limit, a clause will be added to your policy setting out the terms of the extension.

**If you want to insure items in the table above for their full value, please specify each item in the space provided below:** The values (and the items themselves) that you specify below will be insured in addition to your 'general contents' sum insured above. The total sum insured is a combination of the general contents and the specified items and the maximum we will pay is the sum insured shown on the schedule.

Item	Description	Amount

What excess option would you like?

\$5,000 Excess ☐ \$2,500 Excess ☐ \$1,000 Excess ☐ \$750 Excess ☐ \$500 Excess ☐ \$250 Excess (standard) ☐

## SECTION 3. VEHICLE 1

### Type of use:

Private use ☐

Business use ☐

### Cover Required:

Comprehensive cover ☐

Third party, fire and theft ☐

Third party only ☐

Year of manufacture

Make and exact model & sub-model (eg: Honda, CRV, Sport Plus 4WD)

Body Type

(eg. Sedan, Wagon, Hatch, Ute, Van)

Engine size

(eg. 2.4Ltr or 2400cc)

Registration No.

Please tick:

Manual ☐

Automatic ☐

2 door ☐

3 door ☐

4 door ☐

5 door ☐

### Vehicle storage

Address where vehicle is kept at night

Postcode

### Comprehensive cover options

(not available for Third Party Fire & Theft or Third Party Only)

Do you want to restrict drivers to two persons over the age of 25 years to reduce premiums?

Yes ☐ No ☐

(Note: an additional excess will apply to drivers not named)

If 'Yes', please list the named drivers here: (maximum of two)

1.

2.

Do you want to exclude drivers under 25 years of age and further reduce premiums?

Yes ☐ No ☐

(Note: This is only available where the main driver is over 25 years of age)

Do you want to replace the \$500 standard excess to save on premiums?

Yes ☐ No ☐

If Yes, tick the excess required

\$600 ☐

\$850 ☐

\$1,100 ☐

\$1,350 ☐

\$1,600 ☐

## GENERAL INFORMATION. VEHICLE 1

### Is the vehicle

(a) registered in a name other than yours? Yes ☐ No ☐

(b) under finance or lease? Yes ☐ No ☐

(c) modified in any way? Yes ☐ No ☐

(A modification includes (but is not limited to) changes or enhancements to the: engine, exhaust system and suspension, panels or paint work, size and type of wheels and / or size of tyres)

If 'Yes', please give details

### Accessory Cover

Is the vehicle equipped with accessories (excluding Manufacturers standard fittings) with a total value over \$1,000?

Yes ☐ No ☐

This includes fitted entertainment communications and navigation systems; child restraints / seats; tools and breakdown equipment purchased by you to repair your vehicle; car seat covers; first aid kit, torch, fire extinguisher, maps; and other equipment (not otherwise defined) permanently fitted to the vehicle.

If you have answered 'Yes', please provide full details:

Accessory type (please describe in detail)

Estimated Value

\$

\$

\$

\$

## SECTION 3. VEHICLE 2

### Type of use:

Private use ☐

Business use ☐

### Cover Required:

Comprehensive cover ☐

Third party, fire and theft ☐

Third party only ☐

Year of manufacture

Make and exact model & sub-model (eg: Honda, CRV, Sport Plus 4WD)

Body Type

(eg. Sedan, Wagon, Hatch, Ute, Van)

Engine size

(eg. 2.4Ltr or 2400cc)

Registration No.

Please tick:

Manual ☐

Automatic ☐

2 door ☐

3 door ☐

4 door ☐

5 door ☐

### Vehicle storage

Address where vehicle is kept at night

Postcode

### Comprehensive cover options (not available for Third Party Fire & Theft or Third Party Only)

Do you want to restrict drivers to two persons over the age of 25 years to reduce premiums?

Yes ☐ No ☐

(Note: an additional excess will apply to drivers not named)

If 'Yes', please list the named drivers here: (maximum of two)

1.

2.

Do you want to exclude drivers under 25 years of age and further reduce premiums?

Yes ☐ No ☐

(Note: This is only available where the main driver is over 25 years of age)

Do you want to replace the \$500 standard excess to save on premiums?

Yes ☐ No ☐

If Yes, tick the excess required

\$600 ☐

\$850 ☐

\$1,100 ☐

\$1,350 ☐

\$1,600 ☐

## GENERAL INFORMATION. VEHICLE 2

### Is the vehicle

(a) registered in a name other than yours?

Yes ☐ No ☐

(b) under finance or lease?

Yes ☐ No ☐

(c) modified in any way?

Yes ☐ No ☐

(A modification includes (but is not limited to) changes or enhancements to the: engine, exhaust system and suspension, panels or paint work, size and type of wheels and / or size of tyres)

If 'Yes', please give details

### Accessory Cover

Is the vehicle equipped with accessories (excluding Manufacturers standard fittings)

with a total value over \$1,000?

Yes ☐ No ☐

This includes fitted entertainment communications and navigation systems; child restraints / seats; tools and breakdown equipment purchased by you to repair your vehicle; car seat covers; first aid kit, torch, fire extinguisher, maps; and other equipment (not otherwise defined) permanently fitted to the vehicle.

If you have answered 'Yes', please provide full details:

Accessory type (please describe in detail)

Estimated Value

\$

\$

\$

\$

## DETAILS OF DRIVER

**This part requests information on the drivers of your vehicles.**

Given names	Surname	Date of Birth	Gender M / F	Years licence held	Number of at fault accidents or theft losses in the last 2 years	Vehicle No. 1 % use	Vehicle No. 2 % use
1.							
2							
3.							
4.							

Have you or any person who may drive the vehicle:

Yes ☐ No ☐

Yes ☐ No ☐

If you have answered 'Yes' to any of the above questions, please provide full details and dates:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## TRAILER, CARAVAN OR HORSEFLOAT

Trailer ☐Caravan ☐Horsefloat ☐

Make and model

Registration No.

Address where it is usually kept?

Garage ☐Carport ☐Driveway ☐

On the street ☐

Other, please describe

(Add the estimated value and the value of caravan contents for total sum insured)

<b>Sum insured</b>	Estimated value	<b>\$</b>
	Value of caravan contents if over \$1,000	<b>+ \$</b>
	Total sum insured	<b>= \$</b>

## SECTION 4. BOAT

Type of boat Yacht ☐ Powerboat ☐ Launch ☐ Jetboat ☐ Other ☐

Year built	Make, builder and model	Boat name and number	Purchase Price	Purchase date
			\$	

Length metres Draft metres Beam metres Maximum motored speed knots

Hull material

Type of engine	Manufacturer and year	Horsepower	Engine serial No.	Type of fuel
Main				
Inboard				
Outboard				
Auxiliary				

Trailer Make Year Reg No.

Dinghy Make Year Length metres

## COVER REQUIRED

Item(s)	Sum Insured	Item(s)	Sum Insured
Hull, fixtures and fittings	\$	Boat trailers	\$
Sails, masts, spars, rigging	\$	Dinghy	\$
Machinery and inboard motors	\$	Clothing	\$
Outboard motors	\$	Fishing and sporting equipment	\$
Auxiliary motors	\$	Any other additional equipment / gear	\$

Note: A valuation is required where the total amount to be insured is over \$200,000 or when requested by us.

If your boat is a yacht, do you require cover while racing? (If 'Yes', additional premium applies) Yes ☐ No ☐

If the boat is under hire purchase, finance or lease, please give full details of the interested party.

## LOCATION OF THE BOAT

Is your boat Trailered ☐ Moored ☐ Other ☐ If other, please describe method of storage and location.

(a) If trailered, where is it kept when not in use? Street ☐ Garage ☐ Driveway ☐  
Front yard ☐ Back yard ☐ Other ☐

(b) If moored, advise the following: Location of mooring

Type of mooring Marina ☐ Pile ☐ Swing ☐ Other ☐

Date mooring last lifted (Swing mooring only)

Does the mooring meet minimum port or local authority requirements for:

(i) the size of the boat? Yes ☐ No ☐ (ii) its conditions? Yes ☐ No ☐

## GENERAL DETAILS

Is the boat sound and seaworthy? Yes ☐ No ☐

Do you belong to a boat club? If 'Yes', name of boat club (give details below). Yes ☐ No ☐

Please provide details of any relevant experience in handling boats, and any boating qualifications for yourself and anybody else operating the boat (please attach a copy of qualifications to qualify for a premium discount).

Please provide details of any theft prevention and security devices on the boat and trailer (if you have an approved security device you qualify for a premium discount).

Are fire extinguishers kept on board? Yes ☐ No ☐ If 'Yes', how many

Is the boat ever used for business or charter purposes? If you have answered 'Yes', please provide details below. Yes ☐ No ☐

## SECTION 5. QUESTIONNAIRE

1. Have you or any members of your family, or any other person or entity to be covered by this insurance:

- In the past 2 years had more than 2 losses or in the past 2 years made claims totalling more than \$2,500?

Yes ☐ No ☐

2. Have you or any members of your family, or any other person or entity to be covered by this insurance, ever:

- Been aware of any damage from flooding, landslip or earthquake at any address relating to this policy; or

Yes ☐ No ☐

- Had any insurance declined, cancelled, renewal refused, terms or conditions imposed or claim declined?

Yes ☐ No ☐

- Been engaged in any criminal activity or had any criminal convictions, acquittals or have any criminal prosecutions pending?

*(The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.)*

Yes ☐ No ☐

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.

---

---

---

---

---

## SECTION 6. IMPORTANT NOTICES AND DECLARATION

### Duty of Disclosure

Subject to any rights you have under the Criminal Records (Clean Slate) Act 2004, the information given is in every respect correct and complete and all material information has been disclosed to Vero, whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and / or premium. If you have any doubt as to whether a fact is material then it must be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Vero avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

The information contained in this document shall be the basis of the contract between you and Vero, and you are willing to accept cover subject to Vero's policy terms, conditions, exclusions and any special terms that Vero may require.

### Insurer Financial Strength Rating

Vero Insurance New Zealand Limited has been given an **A+** Insurer Financial Strength. Rating by Standard and Poor's. The rating scale is:

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

The rating scale above is in summary form. The full version of this rating scale can be obtained from [www.vero.co.nz](http://www.vero.co.nz)

### Privacy Act 1993

Vero has collected your personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and, if so, on what terms. Failure to provide any personal information requested by Vero may result in your application for insurance being declined.

Vero has also collected your personal information in order to monitor and service your ongoing general insurance requirements, conduct market research, data processing and statistical analysis. Unless you notify Vero that you disagree, the information you supply may also be used by Vero to provide you with information about other facilities, products and services.

Your personal information is held by Vero. In accordance with the Privacy Act 1993, individuals have a right to request access to and correction of their personal information (a fee may be payable) by contacting Vero, 48 Shortland Street, Auckland 1010.

### Authorisation

You authorise Vero to give to and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party, any information relating to this or any other insurance held or previously held by you, and any claim(s) made by you, and any information you have provided now or previously for the purpose of payment.

You also authorise Vero to disclose personal information about you to its related companies (as defined by the Companies Act 1993), all its present and future contracted insurance product manufacturers and / or authorised representatives for these purposes.

Signature of Applicant(s)

Date

---

---

Notes / special instructions:

---

---

---

### OFFICE USE ONLY

1. Branch

---

3. Replacing policy No.

---

5. Policy No.

---

2. Adviser / Broker No.

---

4. Client No.

---