

0800 RENTSURE (0800 736 878)

FAX TO: +64 9 274 1695

POLICY NO:

Name of Applicant:

Postal Address:

Contact Phone Numbers:

Bus

Pvt

Period of Insurance: Date Insurance to Start / / to / /

Properties to be Insured

1 ADDRESS: _____

Age of Property: _____ years*

2 ADDRESS: _____

Age of Property: _____ years*

* Properties built more than 40 years ago need to be approved by the underwriter.

(IF MORE THAN TWO PROPERTIES TO BE INSURED, PLEASE ATTACH A SEPARATE SHEDULE)

Property Questions

Yes No

1 Are the properties in sound condition?

2 Do you have current house insurance for your properties?

3 Are the tenants' bonds registered with Tenancy Services?

If you have answered "No" to any of these please give full details

General Questions

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

Yes No

Have you made a claim on any type of insurance in the past 5 years?

Has any Insurance Company ever refused to insure you?

Has any Insurance Company ever cancelled, refused to renew, or imposed special conditions on insurance held by you?

Have you ever been found guilty of a criminal offence or is any prosecution pending (excluding parking or speeding offences)?

Has there been any damage by tenants (whether insured or not) in the past 5 years?

Have you had any problems with your current tenant(s)?

Is there any other information likely to affect the acceptance of this application?

If you have answered "Yes" to any of these please give full details

IMPORTANT NOTE: READ THIS AGREEMENT BEFORE SIGNING THIS PROPOSAL

Agreement: I agree that:

- 1 Material Facts:
 - a) All information given to New Zealand Insurance (whether oral or written) is true and correct.
 - b) All material facts have been disclosed.
- 2 Terms of Policy: The terms of New Zealand Insurance's policy are accepted.
- 3 Use of Information:
 - a) My personal information collected by New Zealand Insurance may be:
 - 1) Used by New Zealand Insurance to advise me of its other services.
 - 2) 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 New Zealand Insurance.
- 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 can access it. It may be passed on to other Insurers you deal with and mortgagees etc.
- Your claims history is passed on to, and held by Insurance Claims Register Ltd. This enables other Insurers you deal with, to access it, and prevents fraudulent claims.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of insurance with New Zealand Insurance you have a duty to disclose to us every material fact which would influence our decision whether to accept your application for insurance cover and, if so, on what terms. Once insurance cover has been issued you have the same duty to disclose to us any material change in facts as they occur. Your duty however does not require disclosure of any matter:

- That reduces the risk
- That is of common knowledge
- That we know, or in ordinary course of business, should know
- Where we especially so say

WHEN IN DOUBT DISCLOSE

If you fail to comply with your duty of disclosure we are entitled to declare the contract of insurance of no effect and to reject any claim you make.

NON-DISCLOSURE

If you are not sure whether or not a particular matter should be disclosed to us, it is best to disclose the details. All information will be treated confidentially.

Signature on behalf of all applicants Date

_____ / /