

Home Plan – Proposal



Introduction

Surname	<input type="text" value="Applicant 1:"/>	<input type="text" value="Applicant 2:"/>
First name(s)	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Trading name (if applicable)	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>	
	<input type="text" value="Postcode"/>	Email <input type="text"/>

How do you want to pay your premiums?

Direct Debit Fortnightly ☐ Monthly ☐ Quarterly ☐ Six monthly ☐ Yearly ☐ (Your bank account or credit card will be automatically debited until further notice)

Annually ☐

(Total Annual Premium) Credit Card ☐

Note: The preferred method of payment is direct debit, cheque or credit card.

Section 1. Home Risk

Risk Start Date	<input type="text"/>	Renewal Date	<input type="text"/>
Cover Type	HomePlan Maxi Sum Insured Replacement <input type="checkbox"/>		HomePlan Flexi Sum Insured Indemnity <input type="checkbox"/>
Location Address	Unit <input type="text"/>	Street No. <input type="text"/>	Street Name <input type="text"/>
	Suburb / Town <input type="text"/>		

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

Is the home on a lifestyle block or farm? Yes ☐ No ☐
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 ☐ or Home plus ☐ units

If Home plus units, will any of the units cost less than \$300,000 to rebuild? Yes ☐ No ☐

If Yes: Unit No. Unit No. Unit No.
\$ \$ \$

These amounts will be your sum insured for that unit 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 ☐ Attached ☐ Other ☐

If Other: Details of type of building

How is the home used the majority of the time? Owner occupied home ☐ Owner occupied home and rental ☐
Rental property ☐ Holiday home owner and family ☐
Unoccupied home ☐ Holiday home owner and casual letting ☐
Other ☐

If Other: Details for home used

Office use only

1. Branch	<input type="text"/>	3. Replacing policy no.	<input type="text"/>	5. Policy no.	<input type="text"/>
2. Adviser/Broker no.	<input type="text"/>	4. Client no.	<input type="text"/>		

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

Has the Historic Places Trust placed any restrictions or preservation orders on this home? Yes ☐ No ☐ Are there any entries against the certificate of title for this home? 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?

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) Yes ☐ No ☐

If yes, please give details:

Section 2. Contents Risk

Risk Start Date Renewal Date

Cover Type HomePlan Maxi Sum Insured Replacement ☐ HomePlan Flexi Sum Insured Indemnity ☐

Location Address Unit Street No. Street Name

Suburb / Town

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

Type of property where the contents 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?

If Rental property or Owner occupied home and rental:

The insured☐

My tenant – multi and unrelated☐

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☐

If Holiday home:

Holiday home owner and family☐

Holiday home owner and casual occupants letting☐

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 AMP Home Plan Policy Document. You should not rely on this summary and need to refer to the AMP Home Plan Policy Document for the full details of the limits.

\$5,000 for any one bicycle (or any e-bike)

\$3,000 for any one item of camera/video camera equipment

\$3,000 for any one canoe/kayak, surf ski/board, paddleboard, kite/wind-surfer

\$3,000 for any drone

\$5,000 for any one item of jewellery or watch*

\$1,000 for any one individual coin, card or stamp

\$3,000 for any collection of coins, cards or stamps

\$1,000 in total for gold/silver/bullion or precious metals (in total for any one claim for one or more items)**

\$1,000 in total for unset precious or semi-precious gemstones or minerals (in total for any one claim for one or more items)**

**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 general 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 have items over these limits you need to specify these 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 (Agreed value) ☐ Agreed value \$

Comprehensive cover (Market value) ☐

Third party, fire and theft ☐

Third party only ☐

Optional Roadside Assistance:

Yes ☐ No ☐

Year of manufacture

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

Body Type Engine size Registration no.
(eg. Sedan, Wagon, Hatch, Ute, Van) (eg. 2.4Ltr or 2400cc)

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 TPF&T or TPO)

Hire car after an accident Yes ☐ No ☐

No claims discount preservation? Yes ☐ No ☐

Do you want to restrict drivers to two people over the age of 25 years to reduce premiums?
(Note: an additional excess will apply to drivers not named.) Yes ☐ No ☐

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

1. 2.

Do you want to exclude drivers under 25 years of age and further reduce premiums?
(Note: This is only available where the main driver is over 25 years of age.) Yes ☐ No ☐

Do you want to add the Excess-free windscreen and window glass replacement optional benefit? Yes ☐ No ☐

Do you want to replace the standard excess (\$500) to save on premiums? Yes ☐ No ☐

Excess ☐ \$600 ☐ \$850 ☐ \$1,100 If Yes, tick the excess required

Third Party, Fire and Theft cover or Third Party cover options

Do you want to add the Excess-free windscreen and window glass optional benefit? Yes ☐ No ☐

General Information

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 ☐

If 'Yes', please give details

(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.)

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

Vehicle 2

Type of use:

Private use ☐
Business use ☐

Cover required:

Comprehensive cover (Agreed value) ☐ Agreed value \$
Comprehensive cover (Market value) ☐
Third party, fire and theft ☐
Third party only ☐

Optional Roadside Assistance:

Yes ☐ No ☐

Year of manufacture

Make and exact model & Sub-model

(eg. Honda, CRV, Sport Plus 4WD)

Body Type

Engine size

Registration no.

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

(eg. 2.4Ltr or 2400cc)

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 TPF&T or TPO)

Hire car after an accident

Yes ☐ No ☐

No claims discount preservation?

Yes ☐ No ☐

Do you want to restrict drivers to two people over the age of 25 years to reduce premiums?
(Note: an additional excess will apply to drivers not named.)

Yes ☐ No ☐

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

1.

2.

Do you want to exclude drivers under 25 years of age and further reduce premiums?
(Note: This is only available where the main driver is over 25 years of age.)

Yes ☐ No ☐

Do you want to add the Excess-free windscreen and window glass replacement optional benefit?

Yes ☐ No ☐

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

Yes ☐ No ☐

Excess ☐ \$600 ☐ \$850 ☐ \$1,100 If Yes, tick the excess required

Third Party, Fire and Theft cover or Third Party cover options

Do you want to add the Excess-free windscreen and window glass optional benefit?

Yes ☐ No ☐

General Information

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 ☐

If 'Yes', please give details

(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.)

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:

(a) Had any accidents or losses in the last 2 years?

Yes ☐ No ☐

(b) Had a driving licence suspended, cancelled or any special conditions imposed?

Yes ☐ No ☐

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

Trailer, caravan or horsefloat

Please tick box

Trailer ☐

Caravan ☐

Horsefloat ☐

Make and model

Year made

Registration no.

Address where it is usually kept?

Where is it kept at this address?

Garage ☐

Carport ☐

Driveway ☐

On the street ☐

Other, please describe ☐

Sum insured

Estimated value

\$

Value of caravan
contents if over \$1,000

\$

Total sum insured

\$

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

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

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inboard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outboard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auxiliary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trailer Make Year Reg. no.

Dinghy Make Year Length metres

Cover required

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

NB: 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

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
- Had any insurance declined, cancelled, renewal refused, terms or conditions imposed or claim declined?
- Been engaged in any criminal activity or had any criminal convictions, acquittals or have any criminal prosecutions pending?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

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

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 5. Important notices and declaration

Vero Insurance New Zealand Limited ("Vero") and AMP Services (NZ) Limited ("AMP") have agreed Vero will manufacture general insurance policies for AMP.

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 voiding 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 **AA-** Insurer Financial Strength Rating by Standard and Poor's. The rating scale is:

AAA	Extremely Strong	CCC	Very Weak
AA	Very Strong	CC	Extremely Weak
A	Strong	SD	Selective Default
BBB	Good	D	Default
BB	Marginal	R	Regulatory Supervision
B	Weak	NR	Not rated

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.

Your Privacy

Personal information you provide to AMP or an AMP authorised adviser will be passed on to and collected by Vero. Vero may also obtain personal information about you from, and share it with, AMP, other insurance companies, Insurance Claims Register Limited and third parties.

Vero will use your personal information to assess your application and to supply, maintain, and administer any insurance provided to you. This includes assessing any claims made by you. Failure to provide any personal information requested by AMP or Vero may result in your application for insurance, or any claims made, being declined.

Vero collects, stores, accesses, and shares your personal information in accordance with its Privacy Statement which can be found at [vero.co.nz/documents/vero-insurance-privacy-statement.pdf](https://www.vero.co.nz/documents/vero-insurance-privacy-statement.pdf). You can request and/or correct your personal information held by Vero by contacting Vero at 48 Shortland Street, Auckland 1010 or by emailing contactus@vero.co.nz.

AMP collects, stores, accesses, and shares your personal information in accordance with its Privacy Statement which can be found at <https://www.amp.co.nz/nz/privacy-policy>. Unless you notify AMP that you disagree, the information you supply may also be used by AMP to provide you with information about other facilities, products and services. You can request and/or correct your personal information held by AMP by contacting AMP at 29 Customs Street West, Auckland or by messaging us via <https://www.amp.co.nz/contact>.

Authorisation

You authorise Vero and AMP 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 share information that it holds with AMP and vice versa in order to meet your insurance needs.

You also authorise Vero and AMP 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.

Upon notice of termination being given under Vero's existing agreement with AMP to manufacture general insurance policies, you authorise AMP to disclose personal information about you to any new underwriters to enable those new underwriters to offer you insurance policies and renewals of your existing insurance policies after termination of Vero's existing agreement with AMP.

Signature of Applicant(s)

Date

Notes/special instructions