

# Home Plan – Proposal

## Home Only



### 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 <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"/>               |                                                                |

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? Yes ☐ No ☐

(including: drains, creeks, rivers, beaches and similar)

If yes, please give details:

## Section 2. 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 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? 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 and previous questions, please provide full details and dates in the space provided below. If further space is required, please complete on a separate sheet.

Section 3. 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:

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

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).

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](http://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](mailto: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