

## DOMESTIC PROPERTIES

Cover Required:

Defined Events  Accidental Loss/Damage

Property:

Insured \_\_\_\_\_

Address \_\_\_\_\_

Interested Party \_\_\_\_\_

Year of Construction \_\_\_\_\_

Construction Type: Brick  Wood  Fibro  Other

Is the Building:-

situated on an acreage?	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
situated in an area which has reticulated water?	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
situated north of the 26 <sup>th</sup> parallel?	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
built to cyclone standard?	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
situated within 1km from the coast or on a hillside?	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Heritage or National Trust listed	Yes	<input type="checkbox"/> No	<input type="checkbox"/>

Occupancy Type:

Owner Occupied  Holiday Home / Weekender  Landlord

Sums Insured:

Building	\$ 700,000	Contents	\$
Valuables:-			
Unspecified Valuables	\$	Bicycles	\$
Specified Jewellery	\$	Mobile Phones	\$
Portable Computers	\$	Video Cameras & Access.	\$
Other Specified Items	\$		

Security:

Doors have standard locks	<input type="checkbox"/>	Sliding doors – not present or patio bolts	<input type="checkbox"/>
Doors have deadlocks	<input type="checkbox"/>	Louvre windows – not present or barred	<input type="checkbox"/>
Windows have standard locks	<input type="checkbox"/>	Audible/Local Alarm	<input type="checkbox"/>
Windows have keyed locks	<input type="checkbox"/>	Monitored Alarm	<input type="checkbox"/>

Have you had any loss or damage in the last 5 years for Buildings, Contents or Valuables? (If yes, give details)	
Have you or any person who would receive insurance protection under this policy been convicted of any offences in the past 5 years? (If yes, give details)	
Had any type of insured refused / cancelled/ additional excess imposed Yes / No (If yes, give details)	

# YOUR DUTY OF DISCLOSURE TO THE UNDEWRITER'S

**What you must tell the underwriters:** By law, you must answer all their questions honestly, telling them anything known to you and which a reasonable person in the circumstances would tell them. They will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

**Who needs to tell them: "YOU INCLUDES":** -It is important that you understand you are answering their questions in this way for **yourself and anyone else you want to be covered under this policy.**

## NON-DISCLOSURE

**If you do not tell the underwriters:** If you do not answer their questions in this way, they may reduce or refuse a claim, or cancel the policy. If you answer fraudulently, they may refuse a claim and treat the policy as never having existed. If you do not understand your duty, ask us to explain.

## CO-INSURANCE (AVERAGE) CLAUSE

A co-insurance (average) clause applies in particular to the Property, Business Interruption and Electronic Equipment Sections of this Policy. (It may apply to other sections also, so please read your policy document for actual conditions)

This means that if the Sum Insured for:

Any items of Property insured under the Property Section; or the Gross Income insured under the Business Interruption Section; or

Any item of Electronic Equipment insured under the Electronic Equipment Section

Is less than 80% (80% is an average of most underwriters) of its value at the time you take out this Policy and at each renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference, that is You will bear a rateable proportion of each claim in accordance with the following formula.

**Sum Insured x Amount of loss or damage divided by 80% of value =  
(up to Sum Insured)**

**NOTE 80% IS ONLY AN EXAMPLE**

**THEY ALL VARY**

## INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information and mark it as an addendum to the proposal numbering each answer.

**GENERAL INFORMATION**

(If “Yes”, full details – e.g. name of insurer, dates, amount in \$’s, reason for cancellation)

**Please Tick**

**Have you, *as defined above* or any partners, shareholders, or directors of the business.**

- 1. made any claim(s) on an insurer for loss or damage? Yes No
- 2. had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? Yes No
- 3. suffered any loss or damage which would have been covered by the proposed insurance policy? Yes No

**Have you *as defined above* or any partner(s), shareholder(s) or director(s) of the business**

- 1. ever been declared bankrupt? Yes No
- 2. ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? Yes No
- 3. been convicted of any criminal offence. (other than minor traffic convictions)? Yes No
- 4. been liable for any civil or pecuniary penalty (exceeding \$5,000)? Yes No

**DECLARATION AND SIGNATURE**

- 1. The Duty of Disclosure, Non-Disclosure, Co-Insurance and Inadequate Space to Answer notices set out above have been read by me/us.
- 2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
- 3. I acknowledge you reserve the right to decline any application.

**Applicant’s Signature** X \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant’s Title** \_\_\_\_\_

# **PERSONAL AND CONTACT DETAILS**

**NAME :** .....

**POSTAL ADDRESS:** .....

**TRADING AS :** .....

**SITUATION 1.** .....

**2.** .....

**CONTACT PERSON :** .....

**CONTACT PHONE NO:** .....(B).....(H)

**EMAIL**

**MOBILE**

**OCCUPATION :** .....

**PERIOD OF INSURANCE :** .....

**COMMENCING :** .....