



# Home Plan – Proposal

## Introduction

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

## 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)

Cheque 
 Credit Card

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

## Important information

The general insurance products described in this document are underwritten by Vero Insurance New Zealand Limited ("Vero"). This means that any resulting insurance policies would be contracts of insurance between Vero, as insurer, and you.

### 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 avoiding 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	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 Yes  No

If Home plus units, will any of the units cost less than \$100,000 to rebuild?

If Yes:	Unit No. <input type="text"/>	Unit No. <input type="text"/>	Unit No. <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

These amounts will be your sum insured for that unit unless you specify a different amount.

What is the sum insured for your home? (This amount includes the sums insured for units.) \$

The sum insured should represent the cost of rebuilding the home (including all of the improvements at your property).

## 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"/>		

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

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: 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  \$250 Excess (Standard)

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

Cover Option Maxi – The extension includes Landlord's furnishings cover for \$20,000 indemnity cover and Loss of Rent cover for \$40,000 per dwelling unit.

Cover Option Flexi – The extension includes Landlord's furnishings cover for \$5,000 indemnity cover 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 rented out on a short term basis? Yes  No

How many weeks a year is the house rented out?

Is this holiday home rented 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 or deadlocks? Yes  No

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

Where are the contents located?  Owner occupied Home  Rental property   
 Owner occupied home and rental   Holiday home   
 Unoccupied home  Storage   
 Other

If Other, details of contents location

Who uses the contents?  
 If Rental property or Owner occupied home and rental:  The insured  My tenant – single family   
 My tenant – multi/unrelated   The insured and my single/family tenants   
 The insured and up to 2 unrelated tenants   The insured and more than 2 unrelated tenants

If Holiday home:  Holiday home owner and family   Holiday home owner and casual 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? \$

**Total contents sum insured** \$

**Specific items with Limits that can be increased**

This section summarises some contents cover limits within the AMP Home Plan Policy. 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 hearing aid or set of hearing aids
- \$5,000 for any one portable computer (laptop) for either private or business use
- \$3,000 for any one bicycle
- \$3,000 for any one item of camera or video camera equipment
- \$3,000 for any one canoe, kayak, surf-board, ski-board, kite-surfer or wind-surfer
- \$3,000 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 or silver or bullion or ingots or precious metals or unset precious or semi-precious gemstones or minerals\*\*

\*The maximum amount we will pay for any one claim for multiple items of jewellery and watches that are NOT specified will be 10% 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

## 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  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 security None  Immobiliser  Steering lock (manually fitted)  Alarm

Vehicle storage  Postcode

Address where vehicle is kept at night

Is the vehicle parked in a locked garage overnight? Yes  No

### Comprehensive cover options (not available for TPF&T or TPO)

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 replace the standard excess to save on premiums? Yes  No

Excess  \$350  \$500  \$1,000 If Yes, tick the excess required

## General Information

### Is the vehicle

(a) petrol turbo-charged or supercharged? Yes  No   
 (b) registered in a name other than yours? Yes  No   
 (c) under finance or lease? Yes  No   
 (d) already damaged or have any defects? Yes  No   
 (e) 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

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  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 security None  Immobiliser  Steering lock (manually fitted)  Alarm

Vehicle storage  Postcode  
 Address where vehicle is kept at night

Is the vehicle parked in a locked garage overnight? Yes  No

### Comprehensive cover options (not available for TPF&T or TPO)

No claims discount preservation? Yes  No

Do you want to restrict drivers to two people over the age of 25 years to reduce premiums?  
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Do you want to replace the standard excess to save on premiums? Yes  No

Excess  \$350  \$500  \$1,000 If Yes, tick the excess required

## General Information

### Is the vehicle

(a) petrol turbo-charged or supercharged? Yes  No

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

(c) under finance or lease? Yes  No

(d) already damaged or have any defects? Yes  No

(e) 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"/>

## Details of driver

This part requests information on the drivers of your vehicles.

	Given names	Surname	Occupation	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 5 years? Yes  No
- (b) Got any mental or physical condition or impairment that could affect their ability to drive? Yes  No
- (c) Had any special conditions imposed on a motor policy? Yes  No
- (d) Had a driving licence suspended, cancelled or any special conditions imposed? Yes  No
- (e) Accumulated 51 or more demerit points in any two year period? Yes  No

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

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This part requests information on the previous insurance history of your vehicles.

Have any of the vehicles proposed for insurance been comprehensively insured during the last 3 years? Yes  No

If 'Yes', give full details and attach confirmation from your previous insurer of your "no claim" history.

This will entitle you to a "no claim" discount for that vehicle.

Vehicle no.	Name of insurer	Branch	Period of insurance
1.			
2.			

## 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

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

Value of caravan contents if over \$1,000

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
			\$	/ /

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	\$

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 10 years been bankrupt, and/or been through the No Asset Procedure; or

Yes  No

– In the past 2 years had more than 2 losses or 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:

– Suffered from flooding or landslip 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.)*

3. Is there any further information likely to affect this insurance?

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. (Details should also include name of Insurance Company(s) and Policy Number(s), where applicable).

Name and branch of previous insurance companies:

Home

Motor

Contents

Boat

## 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 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 outlook is **stable**. The rating scale is:

<b>AAA</b>	<b>Extremely Strong</b>	<b>B</b>	<b>Weak</b>
<b>AA</b>	<b>Very Strong</b>	<b>CCC</b>	<b>Very Weak</b>
<b>A</b>	<b>Strong</b>	<b>CC</b>	<b>Extremely Weak</b>
<b>BBB</b>	<b>Good</b>	<b>R</b>	<b>Regulatory Supervision</b>
<b>BB</b>	<b>Marginal</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).

### Privacy Act 1993

Vero and AMP have collected your personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover during the term of Vero's agreement with AMP to manufacture general insurance policies 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 and AMP have 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 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.

Your personal information is held by Vero and AMP. 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) and correction of their personal information by contacting Vero, 48 Shortland Street, Auckland 1010 or enquiring at AMP, 29 Customs Street West, Auckland.

### 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 signatures of Applicant(s)

\_\_\_\_\_  
Date

### Notes/special instructions