

SAFE & SOUND home and contents insurance proposal

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 09 308 1100, Fax 09 308 1114

Important information

Your Duty of Disclosure

You must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

- (a) whether to accept your proposal, and
- (b) if so, on what terms.

Examples of what you must tell us include:

- (a) anything that increases the risk of a claim
- (b) any criminal offending or convictions
- (c) any previous insurance claims
- (d) any refusal by another insurer to insure you on standard terms, or continue to insure you on standard terms.

You must also tell us this every time this policy renews, and when you make any changes to it. If you fail to do this, we may avoid the policy retrospectively. You will have no insurance at all. When in doubt, disclose. We treat all information confidentially.

Change of circumstances

You must also tell us about any material changes in your circumstances after the policy starts and during the policy period.

Privacy

- 1 The personal information you provide in this proposal will be held by Lumley General Insurance (N.Z.) Ltd at Lumley Centre, 88 Shortland Street, Auckland Central.
- 2 Our collection of this information is part of your duty of disclosure at law to us, and is compulsory.
- 3 If you fail to provide it, we may choose not to insure you.
- 4 You have rights of access to the personal information, and correction of it, under the Privacy Act 1993.

Insured details

Insured(s) full name:		Date of birth: / /	
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Residential address:			
Postal address (if different from above):			
Private phone:	Mobile:	Business phone:	
Other policies with Lumley? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:			
Period of Insurance:	Start date: / /	Review date: / /	

General questions

1 Have You or any other person to be covered under this policy or any person who may benefit from this insurance:	
(a) In the past 5 years experienced any loss (whether or not a claim was made) for the type of insurance being applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Ever experienced any loss of \$5,000 or more to any property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Ever withdrawn a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Ever had any conviction (other than traffic convictions) not subject to the 'clean slate scheme' under the Criminal Records (Clean Slate) Act 2004 or currently have a pending prosecution for a criminal offence (other than a traffic offence)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Ever been involved in criminal activity or had criminal associations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Is the property used for anything other than private purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Is there any further information that may affect the acceptance of this insurance? (For example – bankruptcy or insolvency; flood; hazardous processes; or any circumstances giving greater than normal risk of loss. Note: this is not an exhaustive list.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to any of the above please provide full details below (including date, circumstances):	
4 Previous insurer:	

Property details

Situation: Street:	Suburb:	City:
Your occupancy: <input type="checkbox"/> Owner occupier <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant not sharing <input type="checkbox"/> Tenant sharing <input type="checkbox"/> Holiday <input type="checkbox"/> Other (please specify):		
Interested parties:		

Is there a 'Professionally Installed' burglar alarm? Yes No
 (A 'Professionally Installed' burglar alarm is one which has been installed by a person registered under the Private Investigators and Security Guards Act.)

Combined home and contents

Option 1A - accidental damage cover

Living area (total floor area of residential building, including basements and garages): SqM SqFt

Other area (total floor area of undeveloped outbuildings, carports and decks): SqM SqFt

Year built: _____ If pre 1945, please complete the Supplementary Questionnaire - Form PL005

Excess: \$100 \$250 \$500 Reticulated water: Yes No

EQ Cover: Home \$ _____ Contents \$ _____ Number of dwellings: _____

Home Select one of the following options for your home insurance. Do not complete if combined home & contents cover has been taken above.

Option 1B - home replacement based on area

Living area (total floor area of residential building, including basements and garages): SqM SqFt

Other area (total floor area of undeveloped outbuildings, carports and decks): SqM SqFt

Year built: _____ If pre 1945, please complete the Supplementary Questionnaire - Form PL005

Option 1C - home replacement value Sum Insured \$ _____

Year built: _____ If pre 1945, please complete the Supplementary Questionnaire - Form PL005

Excess: \$100 \$250 \$500 Reticulated water: Yes No

EQ Cover: Home \$ _____ Number of dwellings: _____

Contents Do not complete if combined home & contents cover has been taken above.

Option 1D - Contents replacement value Sum Insured \$ _____

Excess: \$100 \$250 \$500 EQ Cover: \$ _____ Number of dwellings: _____

Specified items

Description: _____ Sum Insured: \$ _____

Description: _____ Sum Insured: \$ _____

Description: _____ Sum Insured: \$ _____

Declaration

To be completed by the Insured(s) shown and also on behalf of any other person to be covered by this insurance.

I declare that:

- 1 All information contained in this proposal and on any attachment is complete and correct;
- 2 I have disclosed all material facts to Lumley (see Your Duty of Disclosure above);
- 3 I agree that this proposal shall be the basis of the contract between me and Lumley and I am willing to accept the terms, conditions and exclusions of this insurance;
- 4 I am authorised to complete this proposal on behalf of all people to be covered by this insurance and they give the same declarations.

By signing this form I authorise Lumley to:

- 1 Check our details on the Insurance Claims Register and place our claims information on the Insurance Claims Register which other insurers can access;
- 2 Disclose our personal information about this insurance to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance;
- 3 Obtain our personal information held by any other party regarding my/our existing and previous insurances.

Signature of Insured(s): _____ Date: ____ / ____ / ____

For office use only

Premium	Combined	Home	Contents	Specified items	Total	Policy number:
Company	\$	\$	\$	\$	\$	Customer number:
EQC	\$	\$	\$	\$	\$	Branch:
FSL	\$	\$	\$	\$	\$	Agency:
GST	\$	\$	\$	\$	\$	
Total	\$	\$	\$	\$	\$	