



Home Plan Flexi

Proposal

Introduction

Surname	Applicant 1:		Applicant 2:	
First name(s)				
Date of birth	/	/	/	/
Occupation				
Telephone				
Trading name (if applicable)				
Postal address				
	Postcode			
Email				
Start date	/	/	Renewal date	/ / at 4pm

How do you want to pay your premiums?

Direct Debit 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

If paying by direct debit or credit card please complete Section A or B of the authority form at the back of this proposal.
 Note: The preferred method of payment is direct debit, cheque or credit card.

Important information

These general insurance products are underwritten by Vero Insurance New Zealand Limited operating under the brand name AMP ("AMP").
 When the words 'us', 'we', and 'our' are used in this document, this means AMP.

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 AMP 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 AMP avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Details of your home

Location address (if different to postal)

Type of building? Apartment Unit/flat House Other (please describe)

Used for any business activity? Yes No If 'Yes', give details

Who lives there? Owner & Family Owner & Tenant Single Tenant/Couple
 Multiple tenants: how many people live there?

Or is it? A holiday home Vacant

Security? No security devices Local alarm Wall or floor safe Sensor lights Smoke alarms
 Fire extinguisher Deadlocks Other
 Monitored alarm Monitored by (give details)

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"/>		

Section 1. Home Insurance

Complete this section if you would like to insure your house.

Options: What type of cover do you want?

- a) **Home Flexi Replacement - Listed perils replacement cover for the sum insured of**
- This cover is available for well maintained owner occupied homes built after 1945.
 - For homes built prior to 1945 the following rules apply:
 - they have been fully renovated - see Supplementary Home Questionnaire for details
 - the total area of verandahs & decks must be included in the area of the home
 - cover is not available for homes built prior to 1930 that are greater than 200m²
- b) **Home Flexi Indemnity - Listed perils indemnity cover for the sum insured of**
- The sum insured must include all domestic outbuildings, decks, in-ground pools, etc.

Important note

AMP Advisers and staff are not registered valuers. If a more accurate assessment is required, you should seek the service of a registered valuer.

Name of owner
(if different to applicant)

Mortgage with?

Year built? Town water supply? Yes No

What is the size of the home? m² No. of self-contained units?

Do you have any outbuildings greater than 40m²? Yes No If 'Yes', what is the size? m²

What type of building is it? What is it used for?

Excess \$100 \$250 \$500 \$1,000

Supplementary home questionnaire

To be completed by the Applicant for houses built prior to 1945.

Does the home have:

(a) Concrete or new treated wood piles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Brigade location	<input type="text"/>
(b) New wiring installed after 1965?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(a) Distance (kms) from home	<input type="text"/>
(c) All Gib board linings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(b) Full time Firefighters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Walls roof & guttering in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heating details	
(e) Town water main supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	(a) Type of heating	<input type="text"/>
(f) Any legislation, regulations, Historic Places Trust Protection or Local Body Bylaws that effect or prevent rebuilding of the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(b) Date installed	<input type="text"/> / <input type="text"/> / <input type="text"/>
		(c) Date chimney last swept	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section 3. Vehicle 1

Type of use:

- Private use
 Commercial use

Cover required:

- Comprehensive cover - market value
 Third party, fire and theft

\$
 \$

or Redbook:

Vehicle code
 Third party only

Year
 Make
 Exact model
 Type (eg. sedan, wagon)
 CC rating
 Registration no.

Please tick Manual Automatic 2 door 3 door 4 door 5 door

Vehicle security None Immobiliser Steering lock (manually fitted) Alarm (please name make & model)

Vehicle storage

Where is the vehicle usually kept overnight? Garage Carport Driveway On the street

At what address? Postcode

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

No claims discount preservation? Yes No

Named drivers? (Note: an additional excess will apply to drivers not named.) Yes No

If 'Yes', please list the named drivers here:

1. 2.

Exclude drivers under 25 years of age. (Note: This is only available where the main driver is over 25 years of age.) Yes No

Excess \$300 \$350 \$500 \$1,000

General Information

Is the vehicle

- (a) turbo-charged, supercharged, V8 or V12? Yes No
 (b) registered in a name other than yours? Yes No
 (c) under hire purchase, 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; seats and steering wheel; 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)	Market 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
 Commercial use

Cover required:

- Comprehensive cover - market value
 Third party, fire and theft

\$
 \$

or Redbook:

Vehicle code
 Third party only

Year
 Make
 Exact model
 Type (eg. sedan, wagon)
 CC rating
 Registration no.

Please tick Manual Automatic 2 door 3 door 4 door 5 door

Vehicle security None Immobiliser Steering lock (manually fitted) Alarm (please name make & model)

Vehicle storage

Where is the vehicle usually kept overnight? Garage Carport Driveway On the street

At what address? Postcode

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

No claims discount preservation? Yes No

Named drivers? (Note: an additional excess will apply to drivers not named.) Yes No

If 'Yes', please list the named drivers here:

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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)	Market 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	Sex M/F	Years NZ Licence held	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) Have any physical or mental defect or infirmity? Yes No
- (c) Had any special conditions imposed on a motor policy? Yes No
- (d) Had a driving licence endorsed, cancelled or any special conditions imposed? Yes No
- (e) Been convicted of or fined for a motoring offence (or have any pending) in the last 10 years? Yes No
Please include speeding offences but you may ignore parking offences.

(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:

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 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. Questionnaire

Questionnaire

1. Have you or your family members, de facto or civil union partner, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance:

(a) In the last 10 years:

- (i) Suffered loss or damage exceeding \$1,000 to any property (whether insured or not)? Yes No
- (ii) Made an insurance claim? Yes No
- (iii) Been made subject to a lawsuit or a legal liability claim? Yes No
- (iv) Been adjudged bankrupt? Yes No

(b) Ever:

- (i) Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined? Yes No
- (ii) Engaged in any criminal activity or had any criminal convictions, acquittals or diversions, 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.)

2. 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).

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Name and branch of previous insurance companies:	Home		Motor	
	Contents		Boat	

Section 5. Privacy Act and your declaration

Privacy Act 1993

This proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so, on what terms. The information collected will be held by AMP, 48 Shortland Street, Auckland. Failure to provide any personal information requested by AMP may result in your application for insurance being declined. Individuals have a right to request access to, and correction of, their personal information subject to the Privacy Act 1993.

Declaration

I/we declare that:

- Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to AMP.
- This proposal will be the basis of the contract between me/us and AMP, and I am/we are willing to accept cover subject to AMP's policy terms, conditions, exclusions and any special terms they may require.

I/we authorise:

- AMP to give 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 me/us and any claim(s) made by me/us.
- AMP to use my/our personal information to advise me/us of AMP and Vero's products and/or services.

I/we undertake:

To inform AMP immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

Signature signatures of Applicant(s)	Date / /
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Office use only

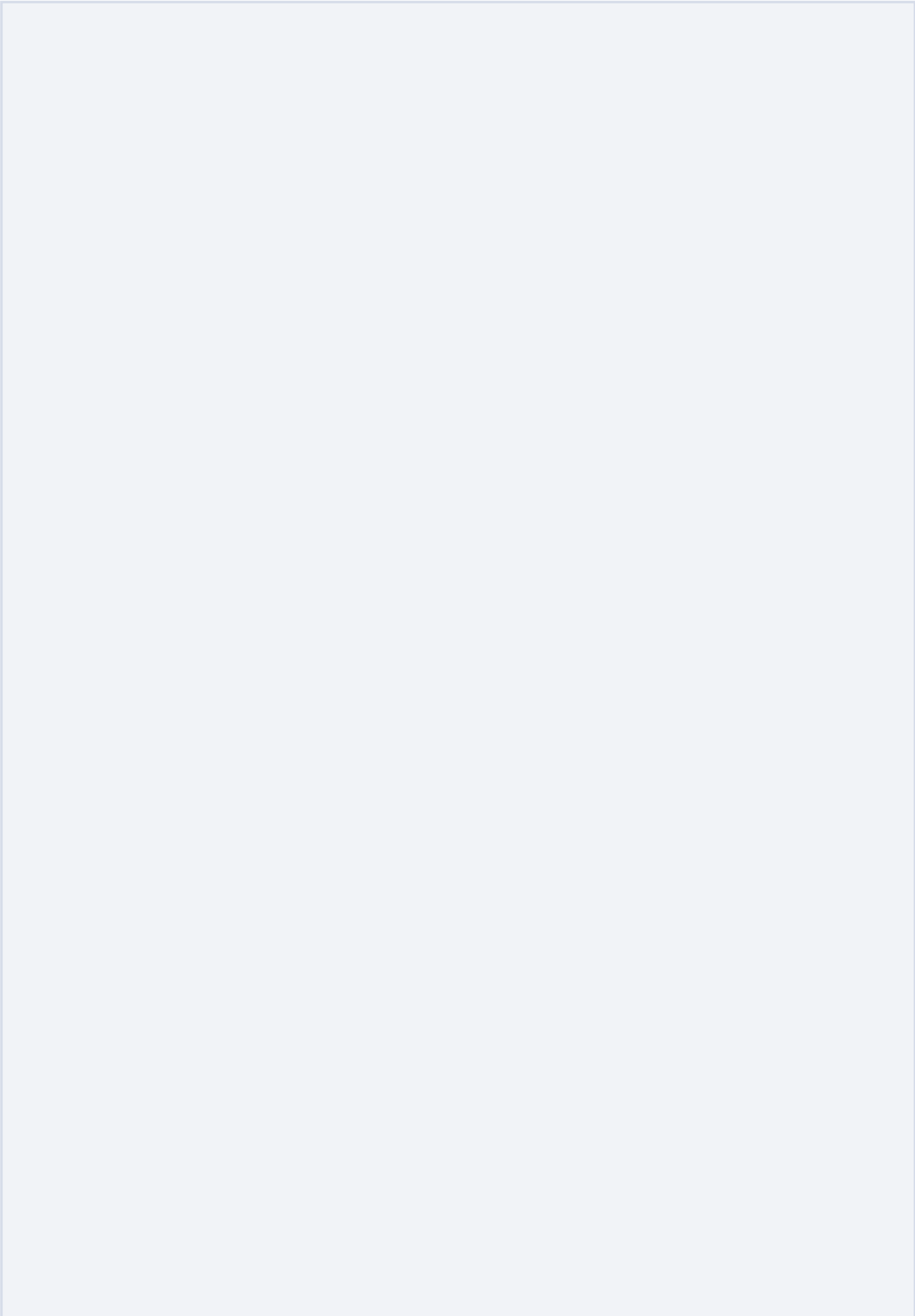
Acceptance:

Home Date	/	/	Contents Date	/	/	Motor Date	/	/	Boat Date	/	/
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Policy document sent

Notes/special instructions

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Conditions of this authority to accept direct debits

1. The Initiator:

(a) The Initiator undertakes to give written notice to me/us of the commencement date, frequency and amount of Direct Debit at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide me/us with a schedule detailing each payment amount and each payment date.

In the event of any subsequent change to the frequency or amount of the regular Direct Debits, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.

(b) May, upon the relationship which gave rise to this Authority being terminated, give written notice to the Bank that no further Direct Debits are to be initiated under this Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

(a) At any time, terminate this Authority as to future payments by giving written notice of termination to both the Bank and the Initiator.

(b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

(c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

(a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.

(b) In any event, this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

(c) Any dispute as to the correctness or validity of any amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.

(d) The Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.

(e) The Bank is not responsible for, or under any liability, in respect of;

- any variations between notices given by the Initiator and the amounts of Direct Debits.

- The Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

(f) Notice given by the Initiator in terms of clause 1 (a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

(a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.

(b) At any time terminate this Authority as to future payments by notice in writing to me/us.

(c) Charge its current fees for this service in force from time to time.

Important note

There is a service fee for Optimum payments.

The fee structure is shown below.

		Frequency of payment		
		Monthly	Quarterly	Six Monthly
Premium Per Policy	Less than \$2,000	10%	7%	5%
	\$2,001 - \$20,000	7%	5%	3.5%
	Greater than \$20,001	5%	3.5%	2.5%

If you have any queries please contact your AMP Adviser or call us on 0508 806 244.