



Replacement Home Insurance Supplementary Questionnaire

Our Replacement policy is automatically issued for properties owned and occupied by the proposer and built since 1945. In order that consideration may be given to older property, it is essential that we obtain the additional information detailed below. Please ensure that this information is supplied promptly to minimise delays in confirming the acceptance of your insurance.

Client	<input type="text"/>	Policy no. (if issued)	<input type="text"/>
Situation	<input type="text"/>	Age or year of construction	<input type="text"/>
	<input type="text"/>		

Building details (Please tick the appropriate box or detail as necessary)

Walls	<input type="checkbox"/> Wood	<input type="checkbox"/> Fibrolite	<input type="checkbox"/> Concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Other
Floors	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other		
Roof	<input type="checkbox"/> Iron	<input type="checkbox"/> Fibrolite	<input type="checkbox"/> Concrete Tile	<input type="checkbox"/> Other	
Water Supply	<input type="checkbox"/> Tank	<input type="checkbox"/> Town Mains	<input type="checkbox"/> Artesian Bore	<input type="checkbox"/> Other	

If you answered 'Other' in the questions above, please detail here:

Occupied as	<input type="checkbox"/> Family Home	<input type="checkbox"/> Tenanted Property	<input type="checkbox"/> Holiday Home	Other - Please detail	<input type="text"/>
Fire Brigade	Location	<input type="text"/>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Volunteer	Distance (kms) <input type="text"/>

Renovation details

	Year			Year			
Re-wired throughout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	Plumbing Replaced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Gib Board lined throughout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	Completely re-roofed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Guttering replaced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	Completely re-piled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Exterior re-painted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	Roof re-painted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Were all of the appropriate permits obtained for the renovations undertaken? Yes No

If you have answered "No" to any of the above questions, please provide full details below:

Note: Your local power supply authority will be able to provide either details of re-wiring or a certificate stating the condition of the wiring.

Heating details

Type of heating	<input type="text"/>	Date installed	<input type="text"/>
Installed by whom	<input type="text"/>	Condition of heater	<input type="text"/>
Condition of chimney	<input type="text"/>	Date last swept	<input type="text"/>

General Please provide full details of:

Other major renovations or any facts that we should be aware of when considering this insurance

The current condition of the home

Are you aware of any legislation, regulations, Historic Places Trust protection or local body by-laws that would prevent or affect rebuilding of the home?

Declaration I/We hereby declare that all statements made in this document are true.

Signature

Date / /