

Introduction

Surname	<input type="text" value="Applicant 1:"/>	<input type="text" value="Applicant 2:"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>	
	<input type="text" value="Postcode"/>	Email <input type="text"/>

How do you want to pay your premiums?

Direct Debit Weekly Fortnightly Monthly Quarterly (Your bank account will be automatically debited until further notice)
(Direct Debit Payments will incur interest and fees)

Annually Manual Payment Credit card (Credit card payments will incur interest)

Section 1. Home Risk

Location Address	Unit <input type="text"/>	Street No. <input type="text"/>	Street Name <input type="text"/>
			Suburb / Town <input type="text"/>

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

If Home plus units, will any of the units cost less than \$100,000 to rebuild? Yes No

If Yes:

Unit No. <input type="text"/>	Unit No. <input type="text"/>	Unit No. <input type="text"/>
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These amounts will be your sum insured for that unit unless you specify a different amount.

What is the sum insured of your home? (GST exclusive value) \$

Details of how to calculate this are [here](#)

How is the home used the majority of the time?

Owner occupied home <input type="checkbox"/>	Owner occupied home and rental <input type="checkbox"/>
Rental property <input type="checkbox"/>	Holiday home owner and family <input type="checkbox"/>
Unoccupied home <input type="checkbox"/>	Holiday home owner and casual letting <input type="checkbox"/>
Other <input type="checkbox"/>	

If Other: Details of usage

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:

Does this home have any scrim walls?

Yes No

Has this home been fully re-wired since 1945?

Yes No Year

Has this home been fully re-plumbed since 1945?

Yes No Year

Has this home been fully re-piled since 1945?

Yes No Year

Has this home been fully re-roofed since 1945?

Yes No Year

Has the Historic Places Trust placed any restrictions or preservation orders on this home?

Yes No

Are there any entries against the certificates of title for this home?

Yes No

Is any form of business run from this home?

Yes No

If Yes: What type of business?

Is there a mortgage on this home?

Yes No

If Yes: Name of Bank

Type of Mortgagee

(i.e. First Mortgage)

What excess option would you like?

\$5,000 Excess

\$2,500 Excess

\$1,000 Excess

\$750 Excess

\$500 Excess

\$400(Standard)

Please tick which optional extensions you would like to include:

Zero excess on windows

Landscaping limit increase

Section 1a. Holiday home details

How often do you and your family occupy the holiday home?

Is the holiday home leased out on a short term basis?

Yes No

If Yes: How many weeks a year is the house leased out?

Is this holiday home leased out via website / book a bach / other advertising?

Yes No

Section 2. Contents Risk

Location Address

Unit

Street No.

Street Name

Suburb / Town

Type of property where the contents are located?

Owner occupied home

Rental property

Owner occupied and rental

Holiday home

Unoccupied home

Storage

Other

If Other, what type of property are the contents located at?

Who uses the contents?

If Rental property or owner occupied home and rental:

The insured

My tenant - single tenant / family

My tenant - multi and unrelated

The insured and my single tenant/family

The insured and up to 2 unrelated flatmates

The insured and more than 2 unrelated flatmates

If holiday home:

Holiday home owner and family

Holiday home owner and casual occupants letting

Does this home have a security alarm

Yes No

If monitored, name or monitoring company

What is the sum insured of your general contents?

What is the sum insured of your specified items?

+

Total contents Sum insured

=

If you have items that require specifying as per policy wording, 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 (standard)

Please tick which optional extensions you would like included: Zero excess on spectacles

Section 3. Vehicle 1

Type of use:

Cover required

Private use Comprehensive market value Comprehensive agreed value \$

Business use Third party, fire and theft Third party only

Include nil excess glass cover if available? Yes No

Year of manufacture Registration no.

Make and exact model & Sub-model

Vehicle security None Immobiliser Steering lock(manually fitted) Alarm

Vehicle storage
Address where vehicle is kept at night *Postcode*

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

Approximately, how many kms per year is the vehicle driven?

<5000 5,000-10,000 10,000-20,000 More than 20,000

Comprehensive cover options (not available for TP F&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 second driver here (maximum of two):

1

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 (\$400) to save on premiums? Yes No

Excess \$400AND0/\$500AMP \$750 \$1,000 If yes, tick the excess required

Please tick which optional extensions you would like included:

Zero excess on glass Hire car Roadside assistance

Vehicle 1 General Information

Is the Vehicle

If 'Yes', please give details

- (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 _____

Accessory cover

Is the vehicle equipped with accessories (**excluding** Manufacturers standard fittings)? 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 seats 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"/>

Section 3. Vehicle 2

Type of use:

Cover required

Private use Comprehensive market value Comprehensive agreed value \$

Business use Third party, fire and theft Third party only

Include nil excess glass cover if available? Yes No

Year of manufacture Registration no.

Make and exact model & Sub-model

Vehicle security None Immobiliser Steering lock(manually fitted) Alarm

Vehicle storage

Address where vehicle is kept at night Postcode

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

Approximately, how many kms per year is the vehicle driven?

<5000 5,000-10,000 10,000-20,000 More than 20,000

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 second driver here (maximum of two):

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Do you want to exclude drivers under 25 years of age and further reduce premiums? Yes No
 (Note: This is only available where the main driver is over 25 years of age.)

Do you want to replace the standard excess (\$400) to save on premiums? Yes No

Excess \$400AND0/\$500AMP \$750 \$1,000 If yes, tick the excess required

Please tick which optional extensions you would like included:

Zero excess on glass Hire car Roadside assistance

Vehicle 2 General Information

Is the Vehicle If 'Yes', please give details

(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 _____

Accessory cover
 Is the vehicle equipped with accessories (**excluding** Manufacturers standard fittings)? 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 seats 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 style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>

Details of drivers

This part requests information on the drivers of your vehicles.

Given names	Surname	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

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

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

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 \$

Total sum insured \$

Section 4. Boat

Type of boat Yacht Powerboat Launch Jetboat Jetski Other

Year built	Make, builder and model	Boat name and number	Purchase price	Purchase date
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	/ /

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inboard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outboard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auxiliary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trailer Make Year Reg. no.

Dinghy Make Year Length

Cover required

Item(s)	Sum Insured
Hull, fixtures and fittings	<input type="text"/>
Sails, masts, spars, rigging	<input type="text"/>
Machinery and inboard motors	<input type="text"/>
Outboard motors	<input type="text"/>

Item(s)	Sum Insured
Auxiliary motors	<input type="text"/>
Boat trailers	<input type="text"/>
Dinghy	<input type="text"/>
Accessories / Equipment / Gear	<input type="text"/>

NB: A Valuation is required where the total amount to be insured is over \$200,000 or when requested by the insurer.

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 Trailed Moored Other If other, please describe method of storage and location

(a) If trailed, where is it kept when not in use

Street Garage Driveway Frontyard Backyard 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

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

Duty of Disclosure:

As your financial advice provider, we are required to provide a Duty of Disclosure notice to you on behalf of the Insurer. Should you need any clarification in respect of this notice, or your obligations please do not hesitate to contact us.

Your Duty of Disclosure requires you to tell us of any information that may affect the Insurer's decision to provide insurance cover and/or on what terms and conditions. Each person(s) or entity named as the Insured has this Duty of Disclosure. If you do not tell us about any information which may be relevant to the Insurer, this may result in the refusal and/or reduction of claims and/or cancellation of the insurance policies. (For further information on your Duty of Disclosure, refer to Important Notices).

Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 2020 and the New Zealand Information Privacy Principles. We maintain a Privacy Statement and Privacy Collection Notice which outlines how we collect, disclose, and handle your personal information. You can review our Privacy Statement on our website <https://www.ginsure.co.nz/privacy-statement/> or by contacting us. Our Privacy Collection Notice forms part of our Statement of Services.

We only collect personal information relevant to us providing you with the recommendations and advice contained within this Insurance Report. The information collected has been used to evaluate the insurance you are seeking and is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought. You have the right to access and correct this information, subject to the provisions of the Privacy Act 2020.

Duty of Disclosure Questions:

1. Has any Insurer ever refused a proposal you have made for insurance, or have you ever had a policy cancelled, renewal refused or special terms imposed? Yes No

If Yes, please provide details

2. Have you or any other insured party ever withdrawn a claim, or had a claim declined by an insurer? Yes No

If Yes, please provide details

3. Have you or any other insured party ever been declared bankrupt, been placed in receivership or liquidation, or been sued for unpaid debts? Yes No

If Yes, please provide details

4. Subject to the Criminal Records (Clean Slate) Act 2004, have you or any other insured party been convicted, charged, or have a prosecution pending for any criminal offence? Yes No

If Yes, please provide details

5. Have you or any other insured party ever experienced a loss, whether insured or not, in excess of \$5,000 or had 3 or more claims in the past 5 years. Yes No

If Yes, please provide details

6. Are you aware of any circumstances, other than those mentioned above, which could influence the Insurers decision to accept the risk of insurance, or which could alter the terms of such decision? Yes No

If Yes, please provide details

7. Do you authorise us to give to, or obtain from, Insurers or any other reference service including the Insurance Claims Register Ltd, information relating to the insurance held by you, or any claims in relation thereof? Yes No

8. I/We agree the Privacy Policy Statement is acceptable: Yes No

Name:

Signature: Date: