

- This proposal is to be completed by the proposer or an authorised officer of the proposer.
- All questions must be fully answered before this proposal will be considered.
- Please print clearly using capitals and tick or circle appropriate boxes to indicate Yes or No.
- Where the space given for an answer is insufficient, please provide your answer on a separate sheet.

1. Introduction

PROPOSER DETAILS

1: Name(s) in full (joint if applicable)			
2: Postal address			
3: Proposer(s) date of birth			
4: Occupation			
5: Telephone	Work	Home	
6: Email address			
7: When do you need cover	from	/ /	to 4pm / /

Note: Renewable annually (maximum of 12 months)

2. Property details

1: Show full address and unit numbers, if applicable

Note: If more than two separate locations, please complete a separate proposal.

	Property number 1	Property number 2
2: Year property built		
3: Total number of units		
4: Current weekly rent received from:		
Unit 1	\$	\$
Unit 2	\$	\$
Unit 3	\$	\$
Unit 4	\$	\$
Unit 5	\$	\$

Note: The maximum limit of cover available under the policy for each dwelling unit is \$500.

5: Are each of the properties in a sound condition?	Yes	No
6: Are the properties currently insured by an underlying dwelling insurance policy?	Yes	No
If Yes, who is the insurer?	Policy number	
7: Are the tenant(s) bonds registered with the Tenancy Services?	Yes	No
8: Is there a Tenancy Agreement in place for each tenant?	Yes	No

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

3. Questions and declaration

Note: This section must be completed.

1: Have you suffered any loss or damage to property in the last 5 years, whether claimed for or not? If Yes, please provide details (i.e. date, circumstances, amount of loss and insurer):	Yes	No
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2: Have you suffered any loss of rent in the last 5 years, whether claimed for or not? If Yes, please provide details (i.e. date, circumstances, amount of loss and insurer):	Yes	No
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3: Has your property been damaged by your tenant(s) (whether claimed for or not) in the past 5 years? If Yes, please provide details:	Yes	No
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4: Has any insurer declined, cancelled, imposed special terms or refused to renew your insurance? If Yes, please provide details (i.e. insurer, type of policy, and reason):	Yes	No
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5: Have you or your tenant(s) (to your knowledge) carried out any criminal activity, or had any criminal convictions or acquittals, or have any criminal prosecutions pending? If Yes, please provide details (i.e. name of person, date, offence and penalty imposed):	Yes	No
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6: Have you taken all reasonable care in the initial selection and continued review of your tenant(s)? If No, please provide details:	Yes	No
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Privacy Act, Declaration

I/We declare that:

- The particulars and answers given on this proposal are in every respect correct and that there is no further information likely to affect the acceptance of this insurance.
- The property is not used for business purposes.
- I/We agree that this proposal shall be the basis of the contract between me/us and Vero Insurance New Zealand Limited (Vero), 48 Shortland Street, Auckland, and I am/we are willing to accept cover subject to Vero's policy conditions and any special terms they may require.
- If I/We choose to pay my/our premium by instalment I/We acknowledge that my/our policy/policies will be cancelled automatically if any three consecutive fortnightly instalments remain unpaid or any two consecutive monthly instalments remain unpaid, or if any quarterly or half yearly payments remain unpaid 14 days after the due date of the instalment. Where any instalment is overdue but the relevant policy/policies have not been cancelled, any claim proceeds payable to me/us under the relevant policy/policies may be withheld by Vero Insurance New Zealand Limited until I/We have brought all instalments up to date.

I/We authorise:

- Vero to give and obtain from other Insurers, 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.
- Vero may use the information provided above to advise me/us of their services.

I/We understand that:

- The information collected is evaluative material for the purpose of whether to issue insurance cover. The intended recipient is Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland.
- Vero may refuse to provide the insurance cover if I/We fail to provide the information sought.
- I/We have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signature		Date	/	/
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OFFICE USE ONLY

1. Branch		3. Client no.	
2. Broker/agency no.		4. Policy no.	

PREMIUM		BLACKBOARD	
	First period	Annual	
Company premium			Yes No
Plus GST			
TOTAL	\$	\$	

EXTRA INFORMATION
