

INTRODUCTION

Surname	Applicant 1	Applicant 2
First name(s)		
Date of birth	/ /	/ /
Occupation		
Telephone		
Trading name (if applicable)		
Postal address		
	Postcode	Email

HOW DO YOU WANT TO PAY YOUR PREMIUMS?

Direct Debit Fortnightly Monthly Quarterly Six monthly Yearly

(Your bank account or credit card will be automatically debited until further notice)

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

SECTION 1. HOME RISK

Risk Start Date	/ /	Renewal Date	/ /
Cover Type	Residential Home Maxi Sum Insured Replacement <input type="checkbox"/>	Residential Home Flexi Sum Insured Indemnity <input type="checkbox"/>	
Location Address	Unit	Street No.	Street Name
		Suburb / Town	
Have you made any house (excluding contents) related insurance claims within the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the home on a lifestyle block or farm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	or Home plus <input type="checkbox"/> units	
If Home plus units, will any of the units cost less than \$100,000 to rebuild?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes: Unit No. <input type="checkbox"/> Value \$ <input type="text"/>	Unit No. <input type="checkbox"/> Value \$ <input type="text"/>	Unit No. <input type="checkbox"/> Value \$ <input type="text"/>	
<i>(These amounts will be each unit's sum insured unless you specify a different amount)</i>			
What is the sum insured of your home?	\$ <input type="text"/>		
The sum insured amount should represent the cost of rebuilding the existing home and any self-contained unit(s) <i>(including all of the improvements at your property).</i>			
What type of building is the main home?	Freestanding <input type="checkbox"/>	Attached <input type="checkbox"/>	Other <input type="checkbox"/>
If Other: Details of type of building			
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"/>	

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 RISK CONT...

If Other: How is the home used?

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:

Has this home been fully re-wired since 1945? Yes No

Does this home have any scrim walls? Yes No

Has the Historic Places Trust placed any restrictions or preservation orders on this home? Yes No

Are there any entries against the certificate of title for this home? Yes No

Is any form of business run from this home? Yes No

If Yes: Home office Qualified Medical B&B or Homestay or similar (< 50% of home)
B&B or Homestay or similar (> 50% of home) Other

If Other: What type of business?

Is there a mortgage on this home? Yes No

If Yes: Mortgagee name Type of Mortgagee

What excess option would you like?

\$5,000 Excess \$2,500 Excess \$1,000 Excess \$750 Excess \$500 Excess \$400 Excess (Standard)

Landlord Extension (only available to full time tenanted houses). Do you require this extension? Yes No

Cover Option Maxi - Includes Landlord's furnishings cover for \$20,000 (indemnity value), Loss of Rent cover for \$40,000, malicious damage by tenant for \$30,000 and non-payment of rent by tenant (various limits apply) - per dwelling unit.

Cover Option Flexi - Includes Landlord's furnishings cover for \$5,000 (indemnity value) and Loss of Rent cover for \$20,000 - per dwelling unit.

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

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

Do your immediate neighbours of this property occupy their homes full time?

Yes No How far away are the neighbours?

Is the house in a built up area? Yes No If no, how far is your holiday home from nearest town?

Do you arrange for anyone to mow your lawns and empty your letter-box? Yes No

What type of security is there in the house? Does it have an alarm, window locks or deadlocks? Yes No

If yes, please give details:

When you do not occupy your holiday home, do you:

Turn off your outside water supply? Yes No

Turn off all power at the switchboard? Yes No

Is your holiday home exposed to water inundation from any man made or natural water ways?
(including: drains, creeks, rivers, beaches and similar) Yes No

If yes, please give details:

SECTION 2. CONTENTS RISK

Risk Start Date / / Renewal Date / /

Cover Type Residential Home Maxi Sum Insured Replacement Residential Home Flexi Sum Insured Indemnity

Location Address Unit Street No. Street Name

Suburb / Town

SECTION 2. CONTENTS RISK..

Have you made any contents related insurance claims within the last 12 months? Yes No

Type of property where the contents are located? Owner occupied home Rental property
 Owner occupied home and rental Holiday home
 Unoccupied home Storage
 Other

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

Who uses the contents? The insured The insured and up to 2 unrelated flatmates
 My tenant - single tenant / family The insured and my single tenant / family
 The insured and more than 2 unrelated flatmates My tenant - multi and unrelated
 Holiday home owner and family Holiday home owner and casual occupants

Does this home have a security alarm? Yes No

If Yes: Monitored security systems Unmonitored security systems

If monitored, name of monitoring company:

What is the sum insured of your general contents? \$

What is the sum insured of your specified items? + \$ (refer below)

Total contents sum insured = \$

SPECIFIC ITEMS WITH LIMITS THAT CAN BE INCREASED

This section summarises some of the items of contents with limits that you can increase if you specify a higher value below. This summary does not include all of the limits within the Vero Residential Contents Policy. You should not rely on this summary and need to refer to the Vero Residential Contents Policy document for the full details of the limits.

The following items are covered up to the limits in this table below:

Item	Limit
Bicycle	\$3,000
Camera / Video Camera Equipment	\$3,000
Canoe / Kayak, Surf Ski / Board, Paddleboard, Kite / Wind-surfer	\$3,000
Jewellery / Watches*	\$3,000
Individual coin, card or stamp	\$1,000
Collection of coins / cards / stamps	\$3,000
Gold / Silver / Bullion or precious metals (in total for any one claim for one or more items)	\$1,000
Unset precious or semi-precious gemstones or minerals (in total for any one claim for one or more items) **	\$1,000
Worldwide jewellery	\$0

* The maximum amount we will pay for any one claim for multiple items of jewellery and watches that are NOT specified will be 15% of the contents sum insured (excluding the specified items sum insured) or \$15,000, whichever is the greater.

** The limit for unset precious or semi-precious gemstones or minerals can only be increased in some circumstances. You will need to apply to extend this limit. If we agree to extend this limit, a clause will be added to your policy setting out the terms of the extension.

If you want to insure items in the table above for their full value, please specify each item in the space provided 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)

SECTION 3. VEHICLE 1

Type of use:	Cover Required:
Private use <input type="checkbox"/>	Comprehensive cover <input type="checkbox"/>
Business use <input type="checkbox"/>	Third party, fire and theft <input type="checkbox"/>
	Third party only <input type="checkbox"/>

Year of manufacture

Make and exact model & sub-model (eg: Honda, CRV, Sport Plus 4WD)

Body Type (eg. Sedan, Wagon, Hatch, Ute, Van) Engine size (eg. 2.4Ltr or 2400cc) Registration No.

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

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

Comprehensive cover options (not available for Third Party Fire & Theft or Third Party Only)

Do you want to restrict drivers to two persons over the age of 25 years to reduce premiums? Yes No
(Note: an additional excess will apply to drivers not named)

If 'Yes', please list the named drivers here: (maximum of two)

1. _____ 2. _____

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 \$400 standard excess to save on premiums? Yes No

If Yes, tick the excess required \$500 \$750 \$1,000

GENERAL INFORMATION. VEHICLE 1

Is the vehicle

- (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

If 'Yes', please give details

(A modification includes (but is not limited to) changes or enhancements to the: engine, exhaust system and suspension, 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)	Estimated Value
_____	\$ <input type="text"/>
_____	\$ <input type="text"/>
_____	\$ <input type="text"/>
_____	\$ <input type="text"/>

SECTION 3. VEHICLE 2

Type of use:	Cover Required:
Private use <input type="checkbox"/>	Comprehensive cover <input type="checkbox"/>
Business use <input type="checkbox"/>	Third party, fire and theft <input type="checkbox"/>
	Third party only <input type="checkbox"/>

Year of manufacture

Make and exact model & sub-model (eg: Honda, CRV, Sport Plus 4WD)

Body Type (eg. Sedan, Wagon, Hatch, Ute, Van) Engine size (eg. 2.4Ltr or 2400cc) Registration No.

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

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

Comprehensive cover options (not available for Third Party Fire & Theft or Third Party Only)

Do you want to restrict drivers to two persons over the age of 25 years to reduce premiums? Yes No
(Note: an additional excess will apply to drivers not named)

If 'Yes', please list the named drivers here: (maximum of two)

1. _____ 2. _____

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 \$400 standard excess to save on premiums? Yes No

If Yes, tick the excess required \$500 \$750 \$1,000

GENERAL INFORMATION. VEHICLE 2

Is the vehicle

- (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

If 'Yes', please give details

(A modification includes (but is not limited to) changes or enhancements to the: engine, exhaust system and suspension, 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)	Estimated Value
_____	\$ <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	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
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 mental or physical condition or impairment that could affect their ability to drive? Yes No
- (c) Had any special conditions imposed on a motor policy? Yes No
- (d) Had a driving licence suspended, cancelled or any special conditions imposed? Yes No
- (e) Accumulated 51 or more demerit points in any two year period? Yes No

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 where it is usually kept?

Where is it kept at this address? Garage Carport Driveway On the street
Other, please describe (Add the estimated value and the value of caravan contents for total sum insured)

Sum insured	Estimated value	\$	<input type="text"/>
	Value of caravan contents if over \$1,000	+	\$ <input type="text"/>
	Total sum insured	=	\$ <input type="text"/>

SECTION 4. BOAT

Type of boat Yacht Powerboat Launch Jetboat Other

Year built	Make, builder and model	Boat name and number	Purchase Price	Purchase date
			\$	

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				
Inboard				
Outboard				
Auxiliary				

Trailer Make Year Reg No.

Dinghy Make Year Length metres

COVER REQUIRED

Item(s)	Sum Insured	Item(s)	Sum Insured
Hull, fixtures and fittings	\$	Boat trailers	\$
Sails, masts, spars, rigging	\$	Dinghy	\$
Machinery and inboard motors	\$	Clothing	\$
Outboard motors	\$	Fishing and sporting equipment	\$
Auxiliary motors	\$	Any other additional equipment / gear	\$

Note: A valuation is required where the total amount to be insured is over \$200,000 or when requested by us.

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

(a) If trailered, where is it kept when not in use? Street Garage Driveway
Front yard Back yard 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

Is the boat sound and seaworthy? Yes No

Do you belong to a boat club? If 'Yes', name of boat club (give details below). Yes No

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

SECTION 5. QUESTIONNAIRE

1. Have you or any members of your family, or any other person or entity to be covered by this insurance:
- In the past 10 years been bankrupt, and / or been through the No Asset Procedure; or Yes No
 - In the past 2 years had more than 2 losses or made claims totalling more than \$2,500? Yes No
2. Have you or any members of your family, or any other person or entity to be covered by this insurance, ever:
- Been aware of any damage from flooding, landslip or earthquake at any address relating to this policy; or Yes No
 - Had any insurance declined, cancelled, renewal refused, terms or conditions imposed or claim declined? Yes No
 - Been engaged in any criminal activity or had any criminal convictions, acquittals or have any criminal prosecutions pending?
(The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.) Yes No
3. 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).

Name and branch of previous insurance companies:

Home	Motor
Contents	Boat

SECTION 6. IMPORTANT NOTICES AND DECLARATION

Duty of Disclosure

Subject to any rights you have under the Criminal Records (Clean Slate) Act 2004, the information given is in every respect correct and complete and all material information has been disclosed to Vero, 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. If you have any doubt as to whether a fact is material then it must 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 Vero avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

The information contained in this document shall be the basis of the contract between you and Vero, and you are willing to accept cover subject to Vero's policy terms, conditions, exclusions and any special terms that Vero may require.

Insurer Financial Strength Rating

Vero Insurance New Zealand Limited has been given an **A+** Insurer Financial Strength. Rating by Standard and Poor's. The rating scale is:

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

AAA	Extremely Strong	CCC	Very Weak
AA	Very Strong	CC	Extremely Weak
A	Strong	SD	Selective Default
BBB	Good	D	Default
BB	Marginal	R	Regulatory Supervision
B	Weak	NR	Not Rated

The rating scale above is in summary form. The full version of this rating scale can be obtained from www.vero.co.nz

Privacy Act 1993

Vero has collected your 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. Failure to provide any personal information requested by Vero may result in your application for insurance being declined.

Vero has also collected your personal information in order to monitor and service your ongoing general insurance requirements, conduct market research, data processing and statistical analysis. Unless you notify Vero that you disagree, the information you supply may also be used by Vero to provide you with information about other facilities, products and services.

Your personal information is held by Vero. In accordance with the Privacy Act 1993, individuals have a right to request access to and correction of their personal information (a fee may be payable) by contacting Vero, 48 Shortland Street, Auckland 1010.

Authorisation

You authorise Vero to give to 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 you, and any claim(s) made by you, and any information you have provided now or previously for the purpose of payment.

You also authorise Vero to disclose personal information about you to its related companies (as defined by the Companies Act 1993), all its present and future contracted insurance product manufacturers and / or authorised representatives for these purposes.

Signature of Applicant(s)

Date

Notes / special instructions: