



HERBERT INSURANCE
GROUP LIMITED

SHIELD TENANTED DWELLING PROPOSAL

YOUR DETAILS

Name(s) in full (Joint if applicable)		First name/s		Surname	
1. Mr/Mrs/Miss/Ms/Other					
2. Mr/Mrs/Miss/Ms/Other					
Residential Address					
Postal Address (if different from above)					
Email		Occupations		1	
				2	
Date(s) of Birth of main proposers		1		2	
□□/□□/□□□□		□□/□□/□□□□		□□/□□/□□□□	
Telephone – Private ()		Business ()		Mobile ()	
When do you need cover		From start date		To	
				At 4pm and renewable annually	
How do you wish to pay		Annually		Monthly	
				(please complete a separate form if paying monthly)	

PROPERTY DETAILS

Please answer for both Home and Contents Insurance					
Full address of property being insured					
Is the home on town (mains) water? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are there any entries against your certificate of title or has any notice been issued by a local authority in relation to the property? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If so, please give details (e.g. a notice or entry under section 36 or 71 of the Building Act)					
What type of home is this? Flat/Apartment <input type="checkbox"/> Home Unit <input type="checkbox"/> Detached Dwelling <input type="checkbox"/>					
For Flats/Units:				Number of Flats/Units to be insured:	
Total number in block					
Is the Property vacant/Unoccupied Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, please advise how often the property is inspected by you					
Home Security					
Are all external doors fitted with deadlocks and/or ranch slider bolts? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is there a burglar alarm fitted? Yes <input type="checkbox"/> No <input type="checkbox"/> Audible <input type="checkbox"/> Monitored <input type="checkbox"/>					
Is there a smoke alarm fitted? Yes <input type="checkbox"/> No <input type="checkbox"/> Audible <input type="checkbox"/> Monitored <input type="checkbox"/>					
If it is monitored who is the monitoring company?					

HOME DETAILS

a Tenanted Shield Sum Insured		This is accidental damage replacement cover for the sum insured of		\$	
What year was your home built?					
If your home is subject to a mortgage, what is the full name and address of the mortgagee?					
Do you require Landlords Fixtures & Fittings cover for \$10,000 Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you require cover for more than \$10,000, please advise the sum insured required.				\$	
				An additional premium will apply	

Level 4, 1 Queen Street. PO Box 4040, Auckland, New Zealand Phone (09) 379 9757 Fax (09) 379 9767 Freephone: 0800 40 40 41
www.herbertinsurancegroup.com

QUESTIONNAIRE AND DECLARATION

1 Have you or your family members, de facto 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 ten (10) years:

i	Suffered loss or damage exceeding \$1,000 to any property (whether insured or not)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii	Made an insurance claim?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii	Been subject to lawsuit or a legal liability claim?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iv	Been Bankrupt	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

b Ever:

i	Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii	Engaged in any criminal activity or had any criminal convictions, acquittals or diversions or have any criminal prosecutions pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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), where applicable)

Your Duty of disclosure You have a duty to tell Certain Underwriters at Lloyd's of London any information which would influence the Certain Underwriters at Lloyds of London's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Certain Underwriters at Lloyd's of London may avoid you insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid.

I/We declare that: 1. The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance 2. This Proposal shall be the basis of the contract between me/us and Certain Underwriters at Lloyd's of London, and I am/we are willing to accept cover subject to Certain Underwriters at Lloyd's of London policy conditions and any special terms they may require.

I/we authorise: Certain Underwriters at Lloyd's of London to give and obtain from other Insurance Companies, Insurance Brokers, 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.

I/we understand that: 1. The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. The intended recipient is Certain Underwriters at Lloyds of London exclusively represented by Herbert Insurance Group Limited, 1 Queen Street, Auckland. 2. Certain Underwriters of Lloyd's of London may refuse to provide the insurance cover if I/we fail to provide the information sought. 3. I/we have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signed (Signatures of Proposers)

Dated