PRO-SURE
PROPERTIES 50 YEARS & OLDER QUESTIONAIRE

Proposer's Name ..... Property Manager .....

Address of Insured Property .....

Suburb ..... Town/City .....

Style of home ..... Number of storeys .....

Is the home subject to any non-standard local body or government authority regulations concerning its rebuilding? Yes ☐ No ☐

If yes, give details .....

BUILDING CONSTRUCTION DETAILS *(tick/fill appropriate box)* ***Provide interior and exterior images please***

Walls — Wood ☐ Concrete ☐ Brick ☐ Fibrolite ☐
Other (please specify)
.....

Floors — Wood ☐ Concrete ☐ HDF Board ☐
Other (please specify)
.....

Roof 1 — Iron ☐ Fibrolite ☐ Concrete Tile ☐
Other (please specify)
.....

Fire Brigade: Location Full-time ☐ Volunteer ☐ Approx. distance (kms) to Brigade:
.....

Is reticulated water available within 96 metres of the property? Yes ☐ No ☐
Water supply Tank water ☐ Bore ☐ Dam ☐
.....

RENOVATION DETAILS *(please provide recent photographs)*

Have all the appropriate permits been obtained for the renovations? Yes ☐ No ☐
.....

Rewired throughout	Yes ☐	No ☐	Year	Plumbing replaced	Yes ☐	No ☐	Year .....
Gib board lined throughout	Yes ☐	No ☐	Year	Completely reroofed	Yes ☐	No ☐	Year .....
Guttering replaced	Yes ☐	No ☐	Year	Completely repiled	Yes ☐	No ☐	Year .....
Exterior repainted	Yes ☐	No ☐	Year	Roof repainted	Yes ☐	No ☐	Year .....

Is there an open fireplace(s)? Yes ☐ No ☐ Year ..... Gas ☐ Coal ☐ Wood ☐ Mixed ☐

Does the property contain Scrim (Hessian or woven cloth under wallpaper or painted areas)? Yes ☐ No ☐
What percentage of the property contains Scrim? %

If you have answered 'no' to any of the above questions, please provide full details in the free field below or on a separate page:
Other major renovations or any facts that we should be aware of when considering insurance:

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GENERAL

Current insurer:

House only value (estimated by valuation) of the house only (i.e. not the total market value):

$ …….. Valuation date …….. Estimated rebuilding value by owner or builder $.....

DECLARATION

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

Signature of Insured(s): _____ **Date:** / /

Signature of Insured(s): _____ **Date:** / /

Please complete and fax or email to The Insurance Group Limited, together with photograph:

THE INSURANCE GROUP LIMITED – Private Bag 92 116, Auckland 1142 - Ph 09-623 5333 - Fax 09 623 5330 – enquiries@prosure.co.nz