

PRO-SURE INSURANCE-LANDLORDS

- Proposal Form

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



- Pro-Sure Insurance Limited is part of **The Insurance Group** family of companies.

INSURED DETAILS		
Full name of Insured:		
Contact Name:		
Phone: ()	Fax: ()	Mobile:
Email:		
Postal Address:	Town:	Postcode:
Next of Kin:	Relationship:	Phone: ()
Cover start date: / / Expires 12 months from start date, at 4pm and renewable annually		

POLICY TYPE			
<input type="checkbox"/> Body Corp	<input type="checkbox"/> Pro	<input type="checkbox"/> Essential	<input type="checkbox"/> Max
Body Corp: Specifically developed for Body Corporate, includes loss of rent, malicious damage and sudden accidental for contents.			
Pro: Top up cover, specifically for Landlord Risk, includes malicious damage and loss of rent			
Essential: Comprehensive policy for Landlords, providing most of the benefits of the ProSure Max.			
Max: Our most comprehensive policy, providing full cover for Landlords			
Refer to our website www.prosure.co.nz for the full policy wording.			
Address of Property:			
Suburb:	Town:	Postcode:	
Sqm Area: House: sqm	Decks/Other: sqm	Detached garage: sqm	TOTAL SQM:
Year Built*:	*If property 50 years or older an additional questionnaire is required to be completed		
Weekly Rent: \$	Landlord contents \$	including fixtures and fittings, carpets, drapes and furniture	

PROPERTY MANAGER DETAIL	
Company and Address:	
Contact Name:	
Phone: ()	Fax: () Mobile:
Email:	
I/We authorise the Property Manager, as my agent to act on behalf of all insurance matters. Yes <input type="checkbox"/> No <input type="checkbox"/>	

INTERESTED PARTIES	
Mortgagee / Lender:	or/ <input type="checkbox"/> NIL
Legal Advisor:	
Contact Person:	Email:
Phone Number: ()	Fax Number: ()

PAYMENT METHOD	
<input type="checkbox"/> Monthly (loading applies)	<input type="checkbox"/> Annual - <input type="checkbox"/> Direct Credit or <input type="checkbox"/> Cheque Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 2.4% Service charge applies

General Questions

Have you or any other person to be covered under this policy or any person who may benefit from this insurance:

- a) Ever experienced any loss of \$1,000 or more to any property? Yes No
- b) Ever withdrawn a claim? Yes No
- c) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused? Yes No
- d) Is the property used for anything other than private purposes? Yes No

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Is there any further information that may affect the acceptance of this insurance? (for example – bankruptcy or insolvency; criminal activity or associations or convictions apart from driving; flood; hazardous processes; or any circumstances giving greater than normal risk of loss?

Yes No

If 'Yes' to any of the above, please give details:

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- a) This Proposal collects information about you;
- b) The information is collected to evaluate the insurance that you seek;
- c) The intended recipient of the information is your Insurer; the information is being collected and held by your Insurer.
- d) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- e) The failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
- f) You have the rights of access to and correction of this information, subject to the provision for the Privacy Act 1993.

Declaration

- a) I/we agree that this proposal shall be the basis of the contract between me/us and The Company and I/we am/are willing to accept the terms, conditions and exclusions of this insurance.
- b) All answers and information given on this Proposal and on any attachment are in every respect correct.
- c) I/we have read and understood the general questions and the Privacy Act information on this proposal.
- d) I/we authorise disclosure to The Company of personal information held by any other party regarding my/our existing and previous insurances.
- e) I/we agree that The Company may provide personal information regarding my/our insurances to:
 - i) Other members of the insurance industry; and
 - ii) Parties who have a financial interest in the subject matter of this insurance.
- f) I/we understand that no insurance is in force until this proposal has been accepted by The Company, unless a cover note is in place.

Unsolicited Electronic Messages Act 2007 Compliance:

Please select one of the following:

- I wish to receive periodic news or updates by email from The Insurance Group Limited.
- No Thank you, I do not wish to receive any periodic news or updates from The Insurance Group Limited.

No third party information will be forwarded to you and your email address will not be sold, made available or traded to any other party, unless required for insurance purposes. You can cancel at any time by sending an email to enquiries@prosure.co.nz providing your name and client number.

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

Property Manager Reference: