DOMESTIC HOUSE & CONTENTS PROPOSAL FORM

Policy Number: ☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Pacific Insurance Limited (FPI) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedure which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FPI to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of FPI.

PERSONAL DETAILS

Full Name(s) _____

Residential Address/Village _____

Phone _____ Mobile _____ Email _____

Postal Address for Notices (if different from residential address) _____

Interested Party _____

Period of Insurance From _____ To _____ at 4pm

COVER NOTE: ALL SUMS INSURED STATED MUST REPRESENT THE FULL VALUE OTHERWISE AVERAGE CLAUSE MAY APPLY IF UNDER-INSURED

Type of cover required: House ☐ Personal Contents ☐ House & Personal Contents ☐

Cyclone & Natural Disaster Cover: Yes ☐ No ☐ Cover already with FPI? Yes ☐ No ☐

HOUSE DETAILS

No. of houses/units to be insured _____ Who owns the house(s)? _____

Year built _____ Floor area (approx. sqm) _____

Sum Insured required (value of the house) $_____

Type of house (house/flat/unit etc) _____

What is the house used for? _____

Is the house permanently occupied? Yes ☐ No ☐ No, but under constant care ☐

Business that is conducted from the house. None ☐ Home office only ☐ Yes: details ☐ :_____

Construction materials: Walls_____ Roof_____ Floor_____ Internal Partitions_____

Is the house well maintained and free of defects? Yes ☐ No: details ☐ :_____

Details of any other repairs needed _____

Cover required for: Underground/overhead services ☐ Paths, pavings and driveways ☐

CONTENTS DETAILS

NOTE: IN THE EVENT OF A LOSS YOU WILL NEED TO PROVE OWNERSHIP AND VALUE OF THE ITEMS. PLEASE KEEP RECEIPTS OR OTHER PROOF OF PURCHASE, OR PHOTOGRAPHS/VIDEO FOOTAGE

Sum Insured required (indemnity value of the contents) $_____

List of items greater than $500 in value _____

_____

_____

GENERAL DETAILS

Fire protection: Smoke alarm ☐ Fire extinguishers ☐ Sprinkler system ☐ Heat Detectors ☐

Security: Burglar alarm ☐ Locks/padlocks ☐ Bars/Security doors ☐ Camera surveillance ☐

Has the premises ever been flooded? No ☐ Yes: details ☐ _____

Water supply: Main water line ☐ Water tank ☐

QUESTIONNAIRE

Have there been any losses to the property or contents, or any liability claims made against you in the last 3 years?

No ☐ Yes: details ☐ _____

Have you ever had an insurance policy declined, cancelled, avoided, renewal refused, terms imposed or claim denied?

No ☐ Yes: details ☐ _____

Have you ever engaged in criminal activity or had any criminal convictions, acquittals or diversions, or have any criminal prosecutions pending?

No ☐ Yes: details ☐ _____

ON BEHALF OF THE APPLICANTS

I agree that:

1. *Material facts*

(a) All information given to FPI (whether oral or written) is true and correct, and

(b) All material facts have been disclosed (see "Your Duty of Disclosure")

2. *Terms of Policy*

The terms of FPI policy are accepted

3. *Agency*

Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FPI and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____ Position/Title (if applicable) _____ Date _____

Full Name _____

Applicants signature _____ Position/Title (if applicable) _____ Date _____

Full Name _____