



House and Contents Insurance Proposal



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INSURED DETAILS

Name(s) of Insured		Date of Birth: / /	
Date of Birth: / /		Date of Birth: / /	
Present Postal Address		Street Address	
Contact Numbers: Home (0)		Client Ref.	
Business (0)		Policy No.	
Mobile (0)		Email Address	
Fax (0)		Period of Insurance: / / to / / at 4pm	
Interested Party/Mortgagee:			
Your Occupancy: <input type="checkbox"/> Owner Occupier <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant not sharing <input type="checkbox"/> Tenant Sharing <input type="checkbox"/> Holiday			
Other:			
Is there a burglar alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the alarm monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COMBINED DWELLING AND CONTENTS

Option 1A — Accidental Damage Cover —

Living Area (Total floor area of residential building, including basements and garages):	Square Metres
Other Area (Total Floor Area of undeveloped outbuildings, carports and decks):	Square Metres
Year Built:	Home replacement Value \$

DWELLING Select on of the following options for your Home Insurance. Do not complete if Combined Dwelling and Contents cover has been taken above.

Accidental Damage Cover —

Home Replacement Based on Area

Living Area (Total floor area of residential building, including basements and garages):	Square Metres
Other Area (Total Floor Area of undeveloped outbuildings, carports and decks):	Square Metres

or

<input type="checkbox"/> Home Replacement Value	Sum Insured \$
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Restricted Risks Cover —

<input type="checkbox"/> Home Replacement Value	Sum Insured \$
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or

<input type="checkbox"/> Home Indemnity Value	Sum Insured \$
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Year Built:

CONTENTS Select on of the following options for your Contents Insurance. Do not complete if Combined Dwelling and Contents cover has been taken above.

Accidental Damage Cover —

<input type="checkbox"/> Contents Replacement Value	Sum Insured \$
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Restricted Risks Cover —

<input type="checkbox"/> Contents Indemnity Value	Sum Insured \$
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SPECIFIED ITEMS

(Examples of items that need to be specified: jewellery, watches, photographic equipment, stamps, firearms, medals, high value recreational/ sport equipment and garden implements. Property used in connection in earning any income. If in doubt, please contact our officer or refer to the policy wording for full details)

Description	Value:
.....	\$
.....	\$
.....	\$
.....	\$

GENERAL QUESTIONS

Have You or any other person to be covered under this policy:

- (a) In the past 5 years experienced any loss (whether or not a claim was made) to home and contents?..... Yes No
- (b) Ever experienced any loss of \$10,000 or more to any property?..... Yes No
- (c) Ever withdrawn a claim?..... Yes No
- (d) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused? Yes No
- (e) Ever had any criminal convictions?..... Yes No

If you answered "Yes" to any of the above, please give full details.

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PRIVACY ACT

To be completed by the Insured(s) shown and also on behalf of any other person covered by these insurances.

- | | |
|---|--|
| <ul style="list-style-type: none"> 1) I/We declare that all information contained in this form and on any attachments is complete and correct; 2) I/We have disclosed all information relevant to the acceptance of this proposal; 3) I/We agree that this proposal shall be the basis of the contract between me/us and John Baker Insurance Brokers and I/We am/are willing to accept the terms, conditions, and exclusions for these insurances; 4) The sums insured represent the full value of the property insured; 5) I/We understand that this proposal requests personal information about me/us which is held by John Baker Insurance Brokers to evaluate my/our application for insurance. Failure to provide the information sought may result in my/our application being declined or my/our insurance being void from the beginning; | <ul style="list-style-type: none"> 6) By signing this form I/We authorise John Baker Insurance Brokers to: <ul style="list-style-type: none"> a) Check details against the Insurance Claims register and to place information on the Insurance Claims Register which other insurers can access; b) Disclose personal information to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance; c) Obtain personal information held by any other party regarding my/our existing and previous insurances; 7) I/We understand that there are rights of access to and correction of information held by John Baker Insurance Brokers, and the Insurance Claims Register. |
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Insured(s) Signature Date / /

FOR OFFICE USE

>First Premium	>Future Annual	Premium Quote by
Company	Company	Internet <input type="checkbox"/> Rate Card <input type="checkbox"/>
EQC	EQC	Phone (Speaking with)
FSL	FSL
GST	GST
Total Due \$	Total Due \$