

Federal Pacific Insurance Limited



DOMESTIC HOUSE & CONTENTS

PROPOSAL FORM

Policy Number:

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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 include:

- 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.
- Any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- 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 not sure whether you need to 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 cover required, the conditions that are in existence and the rules and the procedures 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 the approval of FPI.

PERSONAL DETAILS

Full Name of the Insured: _____

Residential Address/Village: _____

Phone: _____ Fax: _____ Mobile: _____ Email: _____

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

Period of Insurance _____ From _____ to _____ at 4pm

COVER

NOTE: ALL SUMS INSURED STATED MUST REPRESENT THE FULL VALUE OTHERWISE AVERAGE MAY APPLY IN THE EVENT OF UNDER-INSURANCE.

Covers already with FPI Yes No

Type of Cover (tick cover required): House Personal Contents House & Personal Contents

HOUSE DETAILS

Number of houses/units to be insured? _____ Who owns the houses (s)? _____

Year built? _____ Total floor area (sq metres)? _____

Sum Insured required (actual cash value excluding land)? _____

Type of House (e.g. House/Flat/Unit etc)? _____

What's the house used for? _____

Who lives in the house? _____

Is the house permanently occupied? _____

Any business conducted from the house? _____

Construction material: Walls? _____ Roof? _____ Floor? _____ Internal Partitions? _____

Has the house been well maintained and kept free of defect? _____

Does the house need repair? _____

Do you want cover for underground or overhead services? _____

Do you want cover for paths, pavings and driveways? _____

CONTENTS DETAILS

NOTE: IN THE EVENT OF A LOSS YOU WILL HAVE TO PROVE OWNERSHIP AND VALUE OF THE ITEMS. YOU SHOULD KEEP ORIGINAL PURCHASE RECEIPTS CREDIT CARD STATEMENTS OR PHOTOGRAPHS/VIDEO FOOTAGE ETC

Sum Insured required (second hand value)?

List any items with a second-hand value over SAT\$500:

GENERAL DETAILS

What fire protection is in place? _____

What security protection is in place? _____

Has the premises ever been flooded? _____

Is the house on town water supply? _____

LAND DETAILS

Is it freehold, customary or leasehold? _____

If leasehold, on what date does the lease expire? _____

How much is the lease? _____

Who is the land leased from? _____

QUESTIONNAIRE

Have there been any losses to property or liability claims made against you in the past 3 years? _____

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

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

ON BEHALF OF APPLICANTS

I agree that:

1. MATERIAL FACTS

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

PLEASE NOTE:

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

1. Signature..... /...../.....
Position/Title Date

Full Name.....

2. Signature..... /...../.....
Position/Title Date

Full Name.....