

Insurance Application

1. Applicant details

Name

Address for notices

Occupation

Contact Name Date of birth / /

2. Period of Insurance

Date Insurance to Start / /20 Date to Run to / /20

3. Your duty of Disclosure

You must tell the insurer of all information you know (or could reasonably be expected to know) which would influence the judgment 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 offence or traffic offence (where Motor Insurance is proposed)
- 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 the insurer says you do not need to tell them about;
- Anything that is common knowledge;
- Anything you have already told the insurer, or that they should be expected to know in the ordinary course of their business.

These examples are a guide only. If you are not sure whether to disclose a particular piece of information, please ask.

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

4. Insurance history (please answer each question on behalf of all applicants)

1. Has any insurance company ever refused your application for insurance; or refused renewal of your policy; or cancelled your policy; or required an increased premium; or imposed special conditions?..... YES NO

2. Has any insurance company ever refused your claim in respect of any Insurance?..... YES NO

ANTHONY RUNACRES AND ASSOCIATES LIMITED

Telephone (03) 379-1001, Facsimile (03) 379-1011, P.O. Box 4020. 145-147 Worcester Street, Christchurch, New Zealand

3. (a) Has any applicant, during the last 5 years, made a claim in respect of any insurance?
 (b) Is any applicant aware of any personal injury or circumstances or pending criminal prosecution that may result in a claim under this policy?.....

YES	NO
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4. Has any applicant (or any director or any manager of any applicant):
 (a) Been declared bankrupt or been served with bankruptcy proceedings or been placed in receivership?
 (b) Been found guilty of any criminal offence, or is any prosecution pending? (for both, do not include any parking offence).....

YES	NO
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5. Are there any other policies held by any applicant covering the same insurance now applied for?.....

YES	NO
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6. Is there any other information which could influence your insurers decision whether to accept this application, or the terms of that acceptance?.....

YES	NO
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If you have answered "Yes" to any part of the previous questions 1 to 6, please give full details

6. Agreement

I agree that:

1. **MATERIAL FACTS:** (a) All information given (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 the policy are accepted;
3. **USE OF INFORMATION:** (a) My/our personal information collected may be:
 (i) used to advise me of other services
 (ii) disclosed to other members of the insurance industry and Insurance Claims Register Ltd, and to parties who have a financial interest in the subject matter of the policy:
 (b) My/our personal information held by other members of the insurance industry and Insurance Claims register Ltd, may be disclosed to Insurers.
4. **AGENCY:** Anyone who assists me to complete this Application Form is acting as my agent only.

Please note:

The insurer may gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, they may decline your application.

This information is held by us and your insurers and you may access it. It may be passed onto other insurers you deal with, and mortgagees etc.

Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

On Behalf of all applicants	Date / /
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