



House and Contents Insurance Application

MAS,
 FREEPOST 884,
 PO Box 13042,
 Johnsonville, Wellington.
 Phone 0800 800 627.
 Facsimile (04) 477 0109.
 Email info@mas.co.nz.



Important information

Please read the information below before completing this application. You have a duty to disclose all information that MAS may want to take into account in deciding whether or not to accept your application and, if so, on what terms. The information that you provide in this application must be true, correct and complete. In addition to answering the specific questions asked, you must disclose everything you know that may be relevant to this insurance.

Office use only

Member number

Policy number

Branch

Adviser

Claims grade
– house

Claims grade
– contents

Package discount

Cordell estimate ID

Estimated cost
to rebuild

Member details

Title First name(s)

Surname Member number

The insured (name in full – include names of trustees if applicable)

Postal address City Postcode

To assist us to promptly process your application, please confirm your daytime contact details below.

Email address

Phone number Home Work Mobile

What is your preferred contact method? Phone Text Email

Period of insurance

From To

House insurance

Property and cover required

Address of property City Postcode

Interested party (if applicable)

Address of mortgagee City Postcode

What is the nature of occupancy? Permanent residence Holiday home Lifestyle property Residential rental

Cover type required Area replacement Agreed value Sum insured \$

Voluntary excess required None \$200 \$500 \$1,000 \$2,000

N.B. voluntary excesses apply in addition to the standard policy excess.

Is there mains water supply? Yes No

Does the certificate of title to the land at the property address contain an entry under 36(2) of the Building Act 1991 or under Section 72 of the Building Act 2004? Yes* No

This indicates if the land is subject to one or more natural hazards, such as erosion, subsidence and flooding.

**If yes, please provide further details.*

Property characteristics

In what year was your home built?

What is the style of your home?

Contemporary - Group style (1970 - present)

Mid-century (1940 - 1969)

Villa (1880 - 1919)

Contemporary - Architect designed (1970 - present)

Bungalow (1920 - 1939)

Early housing (1840 - 1879)

To what standard is your home built?

Standard

Quality

Prestigious

For a description of each standard, please go to mas.co.nz.

Slope of land

Flat/gentle (less than 10 degrees)

Moderate (10-25 degrees)

Steep (25 degrees or more)

Number of levels

One

Two

Three

For properties with one level.

Is the house elevated?

Yes

No

For properties with two or three levels.

What percentage of the ground floor is covered by an upstairs roof? Please enter a value greater than 100% if upstairs is larger than downstairs.

%

Is your property within 20km of the nearest fire station?

Yes

No

What is the total floor area of the house (square metres)?

Include attached garages, attached carports and attached sleepouts.

Do not include decks or balconies, detached garages, detached carports or detached sleepouts or sheds.

What is the ground floor of your home made of?

Concrete - on ground

Concrete - suspended

Timber/steel frame – timber floor boards

Timber/steel frame – particle board flooring

What are the upper floors of your home made of?

Concrete – suspended

Timber frame – timber floor boards

Timber frame – particle floor boards

What are the walls of your home predominantly made of?*

Blockwork

Double brick

Brick veneer

Solid brickwork

*Choose the type of material most commonly used.

Solid stonework

Sheet cladding

Mud brick

Stucco

Weatherboard/ plank cladding

Artificial weatherboard/ plank cladding

What type of roof does your home predominantly have?*

*Choose the type of material most commonly used.

Slate

Timber shingles

Metal covering

Terracotta tiles

Fibre cement covering

Membrane covering

Concrete tiles

Is the roof:

Flat

Pitched

How many bathrooms or en suites are in your home?

Bathroom

Size

One

Small (3 x 2m)

Medium (3 x 3m)

Large (4 x 3m)

Two

Small (3 x 2m)

Medium (3 x 3m)

Large (4 x 3m)

Three

Small (3 x 2m)

Medium (3 x 3m)

Large (4 x 3m)

Four

Small (3 x 2m)

Medium (3 x 3m)

Large (4 x 3m)

Five

Small (3 x 2m)

Medium (3 x 3m)

Large (4 x 3m)

Six

Small (3 x 2m)

Medium (3 x 3m)

Large (4 x 3m)

How many separate toilets are in your home?

Zero

One

Two

Three

Property characteristics (cont.)

Self-contained units

If the property has more than one self-contained unit to be insured (e.g. a granny flat), please complete the following table.

Unit description	Number of units	Floor area
e.g. Main house	1	150m ²

Does your home (including garaging) share any wall(s), foundations, or roofline with any neighbouring property?

Yes*

No

*If yes, please provide full details.

Balconies/decks/outbuildings

Please use this table to record information about decks/balconies/detached garages/detached carports/garden sheds/sleepouts and the like. Do not include lifestyle buildings here, you will be asked for these in the 'Lifestyle property' section.

Item description	Size
e.g. Deck #1	150m ²
e.g. garage	Double, 36m ²

Does your property have any of the following special features? (*For guidelines of the sizes, please go to mas.co.nz).

Feature	Material/size						
Swimming pool	<input type="checkbox"/> Fibreglass	<input type="checkbox"/> Standard concrete (9 x 4m)	<input type="checkbox"/> Large concrete (12 x 4m)	<input type="checkbox"/> XL concrete (15 x 4m)			
Spa pool	<input type="checkbox"/> Concrete (in ground)	<input type="checkbox"/> Fibreglass					
Tennis court	<input type="checkbox"/> Bitumen	<input type="checkbox"/> Concrete	<input type="checkbox"/> Synthetic grass on concrete				
Rainwater tank	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four			
Driveway	<input type="checkbox"/> Number 1	Width	<input type="text" value=""/>	m	Length	<input type="text" value=""/>	m
	<input type="checkbox"/> Number 2	Width	<input type="text" value=""/>	m	Length	<input type="text" value=""/>	m
Pergola	<input type="checkbox"/> Number 1	Width	<input type="text" value=""/>	m	Length	<input type="text" value=""/>	m
	<input type="checkbox"/> Number 2	Width	<input type="text" value=""/>	m	Length	<input type="text" value=""/>	m
Retaining walls*	<input type="checkbox"/> Minimal	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	<input type="checkbox"/> None			
Fencing*	<input type="checkbox"/> Minimal	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	<input type="checkbox"/> None			
Paving*	<input type="checkbox"/> Minimal	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	<input type="checkbox"/> None			

If you have retaining walls, please describe the height and width and distance from house for each wall below. Please also state the materials it is made from.

Property characteristics (cont.)

What type of heating does your home have? (e.g. ducted warm air, heat pump, standalone heater, wood, etc.) Please include a description and count.

Are there any unusual features in your home? (e.g. sauna, lift, solar energy system, home automation, central vacuum).

Please describe any repairs that are currently necessary to the property or any outstanding maintenance.

Is a burglar alarm fitted? Yes – monitored* Yes – unmonitored No

*If yes – monitored, please provide the name of the monitoring company.

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Is a sprinkler system installed? Yes No

Are you aware of any Dux Quest or polybuteline plastic plumbing present in your home? Yes No
(Homes built prior to 1990 only).

House built prior to 1950 (if applicable)

Please enter the year in which the following maintenance work was performed:

	Yes	Year		Yes	Year
All wiring replaced	<input type="checkbox"/>	<input type="text"/>	All plumbing replaced	<input type="checkbox"/>	<input type="text"/>
Completely repiped	<input type="checkbox"/>	<input type="text"/>	Fully insulated	<input type="checkbox"/>	<input type="text"/>
All guttering replaced	<input type="checkbox"/>	<input type="text"/>	Reroofed	<input type="checkbox"/>	<input type="text"/>
Exterior repainted	<input type="checkbox"/>	<input type="text"/>	Roof repainted	<input type="checkbox"/>	<input type="text"/>
All wall linings replaced with gib board	<input type="checkbox"/>	<input type="text"/>			

If maintenance is only partial, please describe below.

Were the necessary permits obtained for all maintenance work performed? Yes No

Is there any unrepaired damage or outstanding maintenance required? Yes* No

*If yes, please provide full details.

Residential rental (if applicable)

Lease type Casual Fixed term Lease time months

Does a professional property management company manage the property? Yes* No**

**If yes, please provide the name of the company. **If no, please describe your previous tenancy management experience.*

Is the property currently occupied? Yes No*

**If no, when is the next tenancy due to commence?*

How many unrelated tenants reside at the property?

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What process do you use for checking tenants?

How often do you/the property manager inspect the property?

Weekly Monthly Quarterly Half-yearly Yearly

Is smoking permitted under the terms of the lease agreement? Yes No

How many smoke detectors are fitted in the property?

--

Could a replacement property, capable of generating the same retail income and providing the same level of functions, be built for less than the cost to rebuild the existing property? Yes No

Is a recent property valuation available? Yes* No

**If yes, please supply.*

Do you require loss of rent cover?

\$15,000 automatically included cover only Amount over \$15,000, please specify: \$

Lifestyle property (if applicable)

How many small stock do you have on the property?

How many large stock do you have on the property?

Small stock are sheep, alpacas and llamas. Large stock are cattle, horses and deer.

Do you earn your main income away from the lifestyle property?

 Yes

 No

What is the gross income earned from activities associated with the lifestyle block?

\$

Lifestyle building

Use this table to record information about any lifestyle buildings to be included in the policy.

Item description	Size	Estimated cost to rebuild
		\$
		\$
		\$
		\$
		\$

Holiday home (if applicable)

Is there road access to the property?

 Yes

 No

How often do you occupy the property?

 Weekly

 Monthly

 Quarterly

 School holidays

 Yearly

Who uses the property?

 Insured party only

 Family and friends

 General public

What type of neighbourhood is the property in?

 Commercial

 Inner city

 Residential - multi story

 Residential - single story

 Rural

What type of fire station is closest to the property?

 Permanent staff

 Volunteers

Does a professional property management company manage the property?

 Yes*

 No

**If yes, please provide the name of the company.*

How often do you/the property manager inspect the property?

 Weekly

 Monthly

 Quarterly

 Half-yearly

 Yearly

Contents insurance

Contents cover required

Cover type required

Replacement value

Indemnity value

Sum insured required

Sum insured

\$

If the property has more than one self-contained unit to be insured (e.g. granny flat), please complete the following table:

Unit description	Number of units	Sum insured
		\$
		\$
		\$
		\$
		\$
		\$

Voluntary excess required

None

\$200

\$500

\$1,000

\$2,000

N.B. Voluntary excesses apply in addition to the standard policy excess.

List any specified items to be included in your policy

(e.g. jewellery over \$5,000 per item or \$25,000 in total, sporting equipment over \$5,000 per item, bicycles over \$5,000, works of art over \$25,000 each).

For a full list of specified item sub-limits, please go to mas.co.nz.

Item description	Date of purchase	Valuation held?	Sum insured
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	dd-mm-yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Please complete

Previous insurance and criminal convictions

Have you or anyone else to be covered by this insurance, ever engaged in criminal activity, had any criminal convictions or have any criminal prosecutions pending?

Yes*

No

The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.

**If yes, please provide details.*

Have you previously held house or contents insurance in your name?

Yes

No

Is any property referred to in this application insured elsewhere?

Yes*

No

**If yes, please provide details.*

In the last five years have you, or anyone else to be covered by this insurance, suffered any loss or damage to your home or contents, including theft, malicious damage or burglary?
(Regardless of whether an insurance claim was made).

Yes*

No

**If yes, please provide details (description, year, cost of claim).*

Have you ever had any insurer decline cover, impose special terms or refuse renewal of any policy?

Yes*

No

**If yes, please provide details (description, year, cost of claim).*

Is this application to replace a policy or policies currently held with MAS?

Yes*

No

**If yes, please quote policy number(s).*

Is there any further information likely to affect this insurance?

Yes*

No

**If yes, please provide details.*

Declaration

Disclosure of relevant information

I understand that I have a duty to disclose all information that Medical Insurance Society Limited (MAS) may want to take into account in deciding whether or not to accept my application and if so, what terms. I confirm that:

- all the answers in this application are true and correct and complete
- I have disclosed everything I know that may be relevant to this insurance.

I understand that if I have not disclosed all relevant information that I know, MAS may decline a claim I make under this policy, cancel the policy or treat the insurance as being invalid from the beginning.

Privacy Act 1993

I understand that:

- the personal information MAS collects from me will be used by it to underwrite and administer my insurance.
- I am entitled to access and correct the personal information MAS holds about me, in accordance with the provisions of the Privacy Act 1993.

I authorise MAS to give or obtain personal information about me (relevant to my insurance) to or from others including but not limited to the Insurance Claims Register Limited.

Signature

Date

dd-mm-yyyy

Premium payment

How do you wish to pay your premium?

By direct debit

Frequency:

Annually

Monthly*

Quarterly*

Six-monthly*

**A payment administration fee of up to 6% plus gst will apply.*

Direct debit form completed?

Yes

No - please complete a direct debit form.

Annually by cheque or internet banking on receipt of renewal letter

Deduction of the first annual premium by Visa/Mastercard/Amex/Diners. A 1.75% surcharge applies to credit card payments.

Credit/debit card number

Exp

I authorise the deduction of the first annual premium by credit/debit card. Please call **0800 800 627** to renew this each year.

Signature

Date

dd-mm-yyyy



Direct debit authority

Member number

Product (e.g. House insurance)

Policy number

Payment frequency (tick one)

<input type="checkbox"/>	Annually	<input type="checkbox"/>	6-monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Annually	<input type="checkbox"/>	6-monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Annually	<input type="checkbox"/>	6-monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Monthly

Bank instructions

Account name

Customer to complete bank, branch, account number and suffix of account to be debited.

Bank account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank

Branch

Account

Suffix

Bank

Branch

Authority to accept direct debits (not to operate as an assignment or an agreement).

Authorisation code (user number)

Date

dd-mm-yyyy

To: the bank manager

I/we authorise you until further notice in writing to debit my/our account with you all amounts which Medical Assurance Society New Zealand Limited (hereinafter referred to as the Initiator), Head Office, PO Box 13042, Johnsonville, Wellington 6440, 19-21 Broderick Road, Johnsonville, Wellington 6037, Telephone 0800 800 627, Facsimile (04) 477-0109, the registered initiator of the above authorisation code, may initiate by direct debit.

I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed overleaf.

Information to appear in my/our bank statement (to be completed by the Customer)

Payee Particulars

Authorised signature

Date

dd-mm-yyyy

Authorised signature

Date

dd-mm-yyyy

For bank use only

Approved	Date received	Recorded by	Check by	Bank stamp
00993 01 91				

Original - retain at branch. Copy - forward to initiator if requested.

Conditions of this authority to accept direct debits

- The initiator:
 - Undertakes to give written notice to the acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than two calendar months). This notice will be provided either:
 - in writing; or
 - by electronic mail where the customer has provided prior written consent to the initiator. Where the direct debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts, the initiator undertakes to provide the acceptor with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the direct debits, the initiator has agreed to give advance notice at least 30 days before changes come into effect. This notice must be provided either:
 - in writing; or
 - by electronic mail where the customer has provided prior written consent to the initiator.
 - May, upon the relationship which gave rise to this authority being terminated, give notice to the bank that no further direct debits are to be initiated under the authority. Upon receipt of such notice the bank may terminate this authority as to future payments by notice in writing to me/us.
 - May, upon receiving an 'authority transfer form' (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate direct debits in reliance of that transfer form and this authority for the account identified in the 'authority transfer form'.
- The customer may:
 - At any time, terminate this authority as to future payments by giving written notice of termination to the bank and to the initiator.
 - Stop payment of any direct debit to be initiated under this authority by the initiator by giving written notice to the bank prior to the direct debit being paid by the bank.
 - Where a variation to the amount agreed between the initiator and the customer from time to time to be direct debited has been made without notice being given in terms of clause 1 a) above, request the bank to reverse or alter any such direct debit initiated by the initiator by debiting the amount of the reversal or alteration of the direct debit back to the initiator through the initiator's bank, PROVIDED such request is not made more than 120 days from the date when the direct debit was debited to my/our account.
- The customer acknowledges that:
 - This authority will remain in full force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the bank.
 - In any event this authority is subject to any arrangement now or hereafter existing between me/us and the bank in relation to my/our account.
 - Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the initiator.
 - Where the bank has used reasonable care and skill in acting in accordance with this authority, the bank accepts no responsibility or liability in respect of:
 - accuracy of information about direct debits on bank statements.
 - any variations between notices given by the initiator and the amounts of direct debits.
 - The bank is not responsible for, or under any liability in respect of the initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the initiator.
 - Notice given by the initiator in terms of clause 1 a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.
- The bank may:
 - In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the bank.
 - At any time terminate this authority as to future payments by notice in writing to me/us.
 - Charge its current fees for this service in force from time-to-time.
 - Upon receipt of an 'authority to transfer form' signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this authority to accept direct debits.

Call us today:
0800 800 627
Visit us online at mas.co.nz

