



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
– contents

Package discount

Cordell estimate ID

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 dd-mm-yyyy To dd-mm-yyyy

Contents insurance

Contents cover required

Address where contents are held City Postcode

Type of occupancy Own home Tenant*

**If tenant, please complete the following questions.*

Have you signed a tenancy agreement? Yes No

How many people do you permanently live with?

Do they all hold their own contents insurance? Yes No

Do others have access to your belongings? Yes No

Are all external doors fitted with deadlocks and/or ranch-slider bolts? Yes No

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

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

Is a sprinkler system installed? Yes No

Cover type required Replacement value Indemnity value

Sum insured required Sum insured \$

Contents cover required (cont.)

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 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 contents, including theft, malicious damage or burglary?

Yes*

No

(Regardless of whether an insurance claim was made).

**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

Call us today:

0800 800 627

Visit us online at mas.co.nz

