



Inspac (PNG) Limited

Home & Contents Combined Proposal

HOC
2011

Source	Source number	Policy Number
--------	---------------	---------------

Important Notice:

Please read this page together with the policy booklet before you complete the application, and retain these documents so you can refer to them again.

Please answer all questions. This will help us to process your application quickly. Please answer each question on behalf of ALL PEOPLE TO BE INSURED.

If you need more space to answer any of the questions, please attach a separate sheet of paper. Show the page number, section and question number before the information you wish to add. Any attachments will form part of this application and the declaration will include them.

What you need to tell us (Your Duty of Disclosure)

You will be asked various questions when you apply for this policy. You must tell us everything that you know, or should know, could affect our decision to insure you and/or the terms on which we insure you.

You must do this when you apply for a policy, renew your policy, and when you change or reinstate your policy. When we ask you specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way.

What you do NOT need to tell us

You do not need to tell us of anything that:

- Diminishes the risk
- Is of common knowledge
- We know or should know in the ordinary course of our business as an insurer, or
- We tell you we do not want to know.

This duty is a continuing duty and applies before you enter into a contract with us, that is, before we accept your proposal for insurance and each time you alter or renew your policy.

Every one named as "the insured" has the same duty. It is important that you understand you are answering our questions in this way for yourself and anyone else who you want to be covered by the policy.

What will happen if you do not tell us

If you do not tell us everything that you know or should know is relevant, or you do not answer our questions in the way we have described we may:

- Increase the deductible or the premium to the amount it would have been if you had told us everything;
- Change the conditions on which we agree to insure you;
- Reduce or refuse to pay a claim;
- Cancel your policy.

If fraud is involved, we may refuse to pay a claim and treat the policy as never having been in place

When you are insured

Your insurance begins when we accept your application. The commencement date of your insurance will be shown on the schedule that we will send you. The insurance applies for the period for which you have paid us the premium.

Cover Options

Your insurance provider will advise you what covers are available. Please choose carefully. The cover may include:

- Insured events cover, including additional benefits and legal liability cover;
- Domestic workers compensation;
- Personal effects cover (specified or unspecified);
- Pet Injury;
- Accidental loss or damage cover (only available as part of the Platinum Home policy).

We pay claims new for old on buildings

If your home is damaged or lost, we will repair, replace or rebuild using new materials or item (new for old). Remember, it is important that you allow for new for old when determining the replacement value. Refer to the policy document for more information.

Contents and personal effects claims are settled on the basis of indemnity value.

Property finance: You need to give us details of all third parties who will have a financial interest in the property (such as banks, credit unions and finance companies).

Definitions

"We", "our", or "us" means Inspac (PNG) Limited.

"You" means the person applying for this insurance and includes jointly and severally all principals, partners and directors of the insured entity.

"Deductible" means the amount you must pay towards every claim under your policy. (This is the amount you pay when you make a claim). An additional deductible applies to earthquake, volcanic eruption and tsunamis. Refer to the policy document for more information.

Applicant(s) details

Applicant(s) details												
	Applicant 1					Applicant 2						
Title(s): (e.g. Mr, Mrs, Miss, Ms) Surname(s): Given Name(s): <i>(Known as 'the insured')</i>												
Occupation(s): Address(es):												
Postal address(es) for notices <i>(if different from above)</i> :												
Date(s) of Birth	DD		MM		YY		DD		MM		YY	
Contact Phone numbers:	Private (H)									Private (H)		
	Business									Business		
Email(s):												

If insufficient space please attach a sheet with the relevant information

Previous experience

Previous experience		
	Please tick	If 'Yes', provide full details
1. In the last five (5) years, have you or you or any of the persons to be insured:		
(a) made a claim against any insurer for loss or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) suffered any loss or damage which would have been covered by the proposed insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or deductible/excess imposed by an insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you know of any other perils or hazards stated in this application) that you should tell us about which may bring about loss or damage to your Home building, Contents or personal effects (If 'Yes', provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of cover required

You may choose from 2 different types of cover. Please refer to the policy wordings for full details of the cover provided by each type of insurance. Please **tick one box only** to indicate the type of insurance you require.

1. Essentials Home (Insured Events)	<input type="checkbox"/>	
2. Platinum Home (Accidental loss or damage)	<input type="checkbox"/>	
Location of property to be insured:		
Period of insurance:	From ___ / ___ / ___ to ___ / ___ / ___	At 4:00 p.m.

Home Buildings Sum Insured
(cover is only available if you live in the buildings)

Cover required (select either option 1 OR 2):		Amount of cover required	
1. Replacement value of building (Your Buildings Sum Insured): <i>('new for old' applies)</i> Approximate size of building: Does anyone hold a mortgage over or have any other financial interest in your property? If Yes, please provide the following details:		K	_____ Square metres
			OR _____ Squares (10ft x 10ft)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
First mortgage/financial interest		Second mortgage/financial interest	
Name:		Name:	
Address:		Address:	

Home buildings details

These details must be completed whether you are insuring the Home building or Home contents.

How is the home building occupied?					
<input type="checkbox"/> By you as owner	<input type="checkbox"/> The home is let to tenants	<input type="checkbox"/> I/we are tenants/renters			
<input type="checkbox"/> Holiday home	<input type="checkbox"/> Farm owner-occupied	<input type="checkbox"/> Farm not owner-occupied			
<input type="checkbox"/> Vacant home	<input type="checkbox"/> Other (please specify) _____				
Type of building:					
<input type="checkbox"/> Freestanding house	<input type="checkbox"/> Townhouse/Terrace/Villa	<input type="checkbox"/> Home unit/flat			
<input type="checkbox"/> Semi-detached house	<input type="checkbox"/> Holiday home	<input type="checkbox"/> Other (please specify)			
What are the external walls of the building made of?:					
<input type="checkbox"/> Brick	<input type="checkbox"/> Brick veneer	<input type="checkbox"/> Fibro			
<input type="checkbox"/> Wood	<input type="checkbox"/> Hardiplank	<input type="checkbox"/> Other (please specify) _____			
What is the roof made of?					
<input type="checkbox"/> Tile	<input type="checkbox"/> Steel or Iron	<input type="checkbox"/> Slate			
<input type="checkbox"/> Colourbond	<input type="checkbox"/> Other (please specify) _____				
How long have you owned your home?		_____ years	Year of construction (approx):		
If the building is over 50 years of age, has the building been:					
Rewired? (If Yes, please provide year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year?	Re-plumbed? (If Yes, please provide year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year?
Is the home connected to town water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the home fitted with smoke detectors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Number?
Is the building undergoing construction or renovation or is it to be demolished?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe the type of works, duration and cost (K).		

Will your building be unoccupied for more than 30 continuous days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the unoccupancy period?	From ___/___/___ To ___/___/___
Is the property well maintained, structurally sound and secured against wind and rain? e.g. gutters, wiring, plumbing, roof, balcony, balcony railing, floorboards etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If No, describe the exact repair or replacement work necessary, including expected finish dates of repairs or replacement.</i>			
Will any part of the building be used for earning income other than residential rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If Yes, describe what that part is used and how:</i>			
Do you share the buildings with anyone who is not a member of your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If Yes, please provide name(s):</i>			
Security protection - Does the home have any of the following protection?:			
1. Windows (please tick)			
<input type="checkbox"/>	Standard window catches only (No special locks)	<input type="checkbox"/>	All windows fitted with key locks
<input type="checkbox"/>	All ground floor windows fitted with key locks (but not upper storey)	<input type="checkbox"/>	All windows fitted with security bars or grilles—securely shut with nails, screws or pins
<input type="checkbox"/>	All ground floor windows fitted with security grilles (but not upper storey)	<input type="checkbox"/>	Other window protection (<i>please provide details</i>)
2. Doors (please tick)			
<input type="checkbox"/>	Standard door locks only (No extra door security)	<input type="checkbox"/>	Deadlocks on all external doors. This means: <ul style="list-style-type: none"> All hinged doors are fitted with deadlocks, and All sliding aluminium doors are fitted with key locked security bolts.
<input type="checkbox"/>	All doors fitted with security bars or grilles	<input type="checkbox"/>	Other door security (<i>please provide details</i>)
3. Fencing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the home fully enclosed by security fencing?			
4. Alarms and Security devices			
Does the building have any of the following alarm systems or other security devices? (<i>Please tick</i>)			
<input type="checkbox"/>	Local Alarm (local sound only)	<input type="checkbox"/>	Back to base alarm (monitored by a security firm)
<input type="checkbox"/>	Security Guards	<input type="checkbox"/>	Windows or door type (all windows/doors are alarmed)
<input type="checkbox"/>	Sensors (movement detector)	<input type="checkbox"/>	Number of sensors
<input type="checkbox"/>	Security intercom	<input type="checkbox"/>	Fixed safe
<input type="checkbox"/>	No alarm system	<input type="checkbox"/>	Other (<i>please specify</i>) _____
Approximate cost of your alarm system		K	
<i>If insufficient space please attach a sheet with the relevant information</i>			

Contents sum insured — Cover for items in the home

The amount you can claim on some contents items is limited (subject to a sub-limit). The items named below are considered high-risk items and their cover is limited, but they can be increased. If you have items that exceed these limits, and you want them to be fully insured, please specify them and their replacement value. Please note that contents and personal effects claims are settled on an indemnity value basis. See the policy for full details.

If you wish to cover any of your personal effects against loss or damage away from your address, do not include their value

HOME CONTENTS SPECIFIED ITEMS

1. Please complete the table below for each special (high risk) item consisting of:

- Curios, pictures, paintings, sculptures, antiques or other work of arts, collection, memorabilia or set of any kind worth more than K5,000 per item, pair, set or collection, or
- Jewellery, watches, gold and silver items, furs, hand woven rugs, hand woven carpets, stamps, coins or medals worth more than K2,000 per item, pair, set or collection, or
- Computers and computer equipment worth more than K4,000 in total, or
- Commercially recorded compact discs, DVDs, mini discs, video tapes and electronic games media, computer software, consoles and games media worth more than K2,000 in total, or
- Goods you use for earning your income in your buildings worth more than K5,000 in total, or
- Cash, cheques, bullion or other negotiable instruments, smart cards, phone cards or other documents able to be cashed worth more than K500 in total, or
- Accessories and/or spare parts of motor vehicles, farm vehicles, caravans, trailers, watercraft or aircraft which are not fitted to or are not being used with a motor vehicle, farm vehicle, caravan, trailer, watercraft or aircraft, worth more than K1,000 or
- Video cameras, portable televisions, DVD players, mp3 players or other audio or visual entertainment equipment designed to be portable, photographic equipment, including accessories and unprocessed film, PDA's or electronic diaries, GPS's (global positioning systems), mobile phones, sporting equipment, bicycles, portable musical instruments worth more than K1,000 for any one item, pair, set or collection, or K4,000 in total, or
- Entertainment equipment (non-portable) worth more than 10% of your contents sum insured.

Please specify and provide as much identification as possible e.g. serial numbers, valuations and receipts (these will be required in the event of any claim).

		SUM INSURED
	K	
	K	
	K	
	K	
	K	
	K	
	K	
	K	
	K	
	K	
	K	
	K	
1. Sum Insured – Specified content items	K	
2. Total value of all remaining contents items (Do not include the contents you have already mentioned above)	K	
TOTAL HOME CONTENTS (INDEMNITY VALUE) (totals of 1 and 2) SUM INSURED Note: You should keep receipts or other evidence of ownership and value of all property covered under your policy. You should keep your policy in a safe and convenient place. <i>If insufficient space please attach a sheet with the relevant information</i>	Total K	

**Personal effects sum insured
Covered in and away from home anywhere in PNG**

Available only if you have insured your contents. An extra premium is payable for this cover. There are two (2) options for insuring personal effects when removed from the house:

1 Unspecified Personal effects—saves you listing large numbers of items because it covers a wide range of items as follows (This section attracts an additional premium):

What IS Covered	What is NOT Covered
<ul style="list-style-type: none"> a. Travellers' suitcases and bags, handbags, briefcases, compendiums, wallets and purses, but not the contents of these items (apart from the property described in clauses b to s below); b. Clothing, hats, furs; c. Jewellery, watches or items containing silver or gold; d. Cosmetics and toiletries, hairdryers and shavers; e. Clocks or watches; f. Musical instruments, but not those used for any business activity; g. Photographic or video equipment unless they are being used underwater or for any business activity; h. Binoculars or telescopes; i. Writing instruments; j. Hearing aids, dentures, wheelchairs, walking sticks, crutches, spectacles, and sunglasses; k. Portable and battery operated radio, music, media and video items such as: <ul style="list-style-type: none"> i. Video or movie cameras and their memory or media – discs, sticks and cards; ii. Personal sound equipment and their memory or media – discs, sticks and cards; iii. Televisions; l. Personal or pocket computers, electronic diaries, personal digital assistants (PDAs) m. Electronic diaries; n. Electronic games, games cartridges; o. GPS; (global positioning system) p. Devices that can be used for telecommunication purposes such as a mobile phone q. Portable computers r. Pocket calculators; s. Blankets, travelling rugs, towels; t. Camping equipment designed to be carried by 1 person while hiking including: <ul style="list-style-type: none"> i. Backpacks and sleeping bags; ii. A tent which sleeps up to 3 persons; u. Prams, strollers, baby capsules; v. Sporting and recreation equipment w. All other portable personal property that is either: <ul style="list-style-type: none"> i. designed to be worn on a person; or ii. designed to be carried by a person in or away from the house. 	<ul style="list-style-type: none"> ▪ Cash, stamps, smart cards, credit cards, cheques, money or negotiables ▪ Sporting or recreation equipment while it is actively being used for sport or its intended sporting activity; ▪ Data, files (including audio and video files) or records on paper or stored electronically (in computers, including laptops, electronic diaries, palm or pocket PCs) or on any other medium; ▪ Photographs, films or other visual images or audio files stored electronically or on any other medium, including hard copies. ▪ Any item used for business, trade or professional purposes; ▪ Bicycles; ▪ Diving equipment; ▪ Parachutes; ▪ Watercraft such as canoes, kayaks, sailboards, surfboards, kneeboards; wave boards or towable boat tubes; ▪ Water skis, snow skis or snow boards; ▪ Model craft or Aircraft; ▪ Portable fridges or power generators; ▪ Motor vehicles, caravans, trailers, motorized golf carts, or accessories for these vehicles; ▪ Motorised scooters, motorcycles, trail bikes, mini bikes, motorised go-carts and their accessories, spare parts or helmets; ▪ Toys; ▪ Animals, birds or pets; ▪ Hearing aid, contact lenses, dentures or dental appliances; ▪ Household furnishings or electrical items that are NOT designed (in the normal cause of use) to be carried or worn by you; ▪ Licenses or documents of any kind; ▪ Medications or drugs; ▪ Mobile phones, radios or stereo systems fitted into motor vehicles; ▪ Plants of any kind; ▪ Unlicensed firearms; ▪ Unset gems.

Miscellaneous Items cover choices			Please (tick) your choice
K 500	For any one item and	K 3,000	in Total Cover—for any one event <input type="checkbox"/>
K 1,000	For any one item and	K 5,000	in Total Cover—for any one event <input type="checkbox"/>
K <input style="width: 50px;" type="text"/>	For any one item and	K <input style="width: 50px;" type="text"/>	in Total Cover—for any one event <input type="checkbox"/>

2 Specified Personal Effects—Cover specific items in and away from the home (*Please attach valuations for any item worth more than K1,000*). Please list specified items you wish to insure. This section attracts an additional premium.

Specified Item Description (Please list hereunder any personal effects you wish to specify and provide as much identification as possible including age, make and serial/identification number)	Sum Insured
	K <input style="width: 100px;" type="text"/>
	K <input style="width: 100px;" type="text"/>

	K	
	K	
PERSONAL EFFECTS (INDEMNITY VALUE) (totals of 1 and 2) SUM INSURED		
To calculate the total amount your personal effects should be insured for (the 'Personal effects sum insured'), add together the separate amounts shown in 1. Unspecified personal effects (total cover option selected) and 2. Specified personal effects. Note: You should keep evidence of the value and ownership of all property covered under your policy.		Total K

Legal Liability cover	
Cover is automatically provided when buildings and/or contents are selected	Limit of indemnity K500,000
Other optional covers	
You can choose to broaden the scope of your cover by adding one or more of the following options. An extra premium is payable for this cover.	
Optional cover	Indicate by (tick) if you require cover
1. Pet Injury (cover for veterinary expenses)	<input type="checkbox"/>
2. Domestic workers compensation	<input type="checkbox"/> Type of employee (<i>Please tick</i>) <input type="checkbox"/> Casual/Infrequent <input type="checkbox"/> Fulltime

Details of previous insurances					
Have you had home or contents insurance previously?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous insurer	Policy number	Expiry date	Type of policy (Combined home/contents, or Home or Contents)	Current no claim bonus or rating	
Do you currently have a No Claims Bonus entitlement for any insured address for which you are now applying for cover? If Yes, attach the previous insurer's expiry or renewal notice. <i>If insufficient space please attach a sheet with the relevant information.</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Premiums and Deductible terms (OFFICE USE ONLY)			
Premium		Deductible to apply	
Premium	K	Burglary	K
Total Premium	K	Earthquake	K
GST	K	Other losses	K
IC Levy	K	Personal effects	K
TOTAL PAYABLE	K	Any Other Excess	K
Premium breakdown		Acceptance notes	
Home		Valuation needed	
Contents		Reinsurance needed	
Personal Effects		Extension/Clauses	
Domestic Workers compensation			
Pet injury cover			
Total Premium		Policy form	

SIGNATURE AND DECLARATION

Statement to be signed by the applicant(s)

This declaration applies to all the insurance you are applying for in this proposal.

I/We declare that:

- I/We have received a copy of the Policy Document which sets out the terms and conditions which apply to this insurance;
- I/We have read the important notices on the first page of this proposal concerning my/our duty of disclosure, cover options, definitions and deductibles, and that if I/We have not complied with my/our duty of disclosure my/our claim may not be met;
- I/We have answered every question fully, truthfully and frankly, and no information has been withheld which is likely to affect Inspac's decision about accepting this insurance;
- I/We have either completed this proposal form personally or, if it has been completed by somebody else, I /we have checked that the questions have been fully and accurately answered;
- I/We acknowledge Inspac reserve the right to decline any application;
- That I/We have fourteen (14) days to read the policy and if I/We are not satisfied with the conditions I/We can cancel this insurance in writing and receive a full refund of any premium paid;
- The buildings and contents are in a sound state of repair and the sum insured's stated represent their full value.
- If anything happens during the period of insurance which alters any of the information I/We have provided, I/We will promptly inform Inspac (PNG) Limited.

By signing this proposal, I/We authorise Inspac to:

- Obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- Make enquiries from third parties to verify claims history and other information I have provided;
- Disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;

Note: Please be aware that our ability to check and verify information does not relieve you of your obligation to disclose the truth to us.

Applicant's Signature:		Date:	_____
Name of Applicant 1:			
Applicant's Signature:		Date:	_____
Name of Applicant 2:			

Completion of this form does not provide insurance until Schedule of Insurance has been issued.

Please indicate the number of additional pages attached to this application.

When complete, please forward this application to:

Inspac (PNG) Limited

P.O. Box 1383, Port Moresby, National Capital District

3rd Floor, Pacific Place Building

Telephone 321 1382, Fax 321 1386

Email: insurance@inspacpng.com.pg