



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.

Estimated cost  
to rebuild

What is your preferred contact method? ☐ Phone ☐ Text ☐ Email

From	dd-mm-yyyy	To	dd-mm-yyyy
------	------------	----	------------

*\*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](http://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 <sup>2</sup>

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 <sup>2</sup>
e.g. garage	Double, 36m <sup>2</sup>

Does your property have any of the following special features? (\*For guidelines of the sizes, please go to [mas.co.nz](http://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.

--

Is a sprinkler system installed?

☐ Yes

☐ No

Are you aware of any Dux Quest or polybuteline plastic plumbing present in your home?  
(Homes built prior to 1990 only).

☐ Yes

☐ No

## 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 repiled	<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?

--

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

# 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

Call us today:  
**0800 800 627**  
Visit us online at [mas.co.nz](http://mas.co.nz)

