

Information Form

Before you send this completed form to Vero, please ensure that you have also attached the following:

Please tick

- Scope of Works from EQC and/or Insurer
- Details of defective repairs (if any)
- Practical Completion Certificate or other proof that repairs have been completed
- Details of any agreement made between the previous Owner and current Owner
- Building Plans (if we specifically ask for this)
- Geotechnical Report (if we specifically ask for this)
- Builders Report (if we specifically ask for this)

QUESTIONNAIRE

1. Contact details Name of Applicant(s)
Telephone Mobile

2. Location of Property Unit Street no. Street name
Suburb
Town/City Postcode

3. Technical Category (TC) of Land on which this property is situated (for Christchurch properties only) _____

4. When did you, or when do you intend to, purchase this property? _____

5. Please detail the damage that occurred at this property (to the Home and/or to the Land).
If the Home suffered damage to the foundation, you must specifically detail the extent of the damage.

Please attach the Scope of Works detailing the damage and repairs required following the Earthquake event.

This can be obtained from the Vendor, EQC and/or the insurer at the time of damage.

6. Who was the Insurer (other than the EQC) at the time of the damage?

Insurer

Policy no.

7. Has the EQC and/or the Insurer accepted a claim for the damage? Yes No

8. Have repairs been completed? Yes No

If you answered yes, who carried out the repairs? (tick all that applies) EQC Insurer Property Owner

9. Are any of the repairs (completed or otherwise) defective? Yes No

By defective we mean have any repairs failed or required EQC or the previous insurer to re-visit the property to re-assess completed repairs or previously undiscovered damage. If you have answered yes, which repairs have been classed as defective? Please attach details of defective repairs.

10. Has the Owner (past or present) registered for the EQC "On-sold Over-cap Programme"? Yes No

11. Is there any unrepaired damage to the Home and/or to the Land? Yes No

If yes, please confirm details of any unrepaired Home and/or Land damage in the space provided below.

12. Has the Owner (past or present) received or requested a cash settlement from the EQC or the Insurer? Yes No

13. If you have answered yes to question 12, have you discussed or agreed with the Owner whether you will receive any funds from the cash settlement? Yes No

Owner whether you will receive any funds from the cash settlement?

If you have answered yes, please provide full details of the discussion/agreement in the free format box below.

If you have a written agreement, please attach a copy.

Please read the following Notes, then the Duty of Disclosure and Declaration that follows, before signing and dating this form.

IMPORTANT NOTES

- We reserve the right to ask further questions or require additional documentation in support of your request for cover with Vero.
- Any uninsured/unclaimed damage that occurred prior to completion of this form will not be covered by the insurance now being considered.

DUTY OF DISCLOSURE

You are under a duty to disclose all material information to Vero Insurance New Zealand Limited ('Vero') whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed.

DECLARATION

I/We declare that the information I/we have provided to Vero within this Supplementary Property Information Form (which is in every respect complete and correct), together with the information also provided in a proposal, application, or declaration form (whether received or provided verbally, electronically, or in printed form) in relation to this property shall be the basis of the contract between me/us and Vero, and I am/we are willing to accept cover subject to Vero's policy conditions and any special terms they may require.

I/We authorise Vero to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

Signed by the Applicant(s) _____ Date _____
