

FLOOD/SEAWATER INUNDATION QUESTIONNAIRE

(This Form Is Additional To The Home & Contents Proposal)

FULL NAME(S) OF PROPOSED INSURED:							
SITUATION OF RISK:							
EXISTING POLICY OR CLIENT NUMBER IF ANY	BROKER:						
Please circle the appropriate answer							
How long have you owned or occupied this property?				MONTHS			
What is the approximate distance from the nearest body of wat the residential buildings on this property? Please also circle the type(s)				OCEAN			
3. What height is the lowest part of your buildings above the norm	<u>mtrs</u>						
4. Are you aware of any exposure to the property to be insured, from any water or landslip damage, including water running off from neighbouring land?				NO			
5. To the best of your knowledge, has this property or any neighbouring properties suffered flooding, seawater inundation, erosion, landslip or storm water damage?				NO			
6. To the best of your knowledge, do you consider the ground on been constructed to have problems with stability or at risk of er	YES		NO				
7. Have any measures been taken to reduce the risk of flooding or seawater damage to your property, including work carried out by a local council?				NO			
Has access to the property or neighbouring properties ever bee flooding, seawater inundation, erosion, landslip or storm water.	YES		NO				
9. To the best of your knowledge, does the certificate of title of the or any neighbouring property, contain an entry under section 30 1991, or section 71 of the Building Act 2004?	YES		NO				
10. Is the land subject to any Government / Local Government By Law / Restrictions? YES							
If you answered YES to questions 4-10 above, please detail below:							
Question ivo.							
		YES		NO			

Any further Comments:							
 The answers given in this questionnaire are in every respect correct and shall, in addition to the underlying proposal, form the basis of the contract between Vero and the Insured. 							
 Please note that you are required to tell Vero about any other circumstances which may be relevant to Vero considering this questionnaire. 							
Signature of proposer(s) Date							
Signature of proposer(s)							
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OFFICE	POLICY NUMBER	EXPIRY DATE	CLIENT NUMBER	ACCEPTED BY			
NOTES							