

Replacement Home Insurance Supplementary Questionnaire



INPRO GROUP
—INSURANCE PROFESSIONALS FOR LIFE—

Our Replacement policy is automatically issued for properties owned and occupied by the proposer and built since 1945. In order that consideration may be given to older property, it is essential that we obtain the additional information detailed below. Please ensure that this information is supplied promptly to minimise delays in confirming the acceptance of your insurance.

0800 367 467
Email: inpro@inprogroup.co.nz

CLIENT _____ **Policy number (if issued)** _____
SITUATION _____ **Age or year of construction** _____

BUILDING DETAILS (Please tick the appropriate box or details as necessary)

Walls Wood Fibrolite Concrete Brick Scrim

Other – Please detail _____

Floors Wood Concrete

Other – Please detail _____

Roof Iron Fibrolite Concrete Tile Other Tile

Other – Please detail _____

Water Supply Tank Town Mains Artesian Bore Other

Other – Please detail _____

Occupied as Family home Tenanted Holiday Home Other Please Detail _____
Fire Brigade Location Full Time Volunteer Distance (kms) _____

RENOVATION DETAILS

Re-wired throughout	Yes / No	Year _____	Plumbing replaced	Yes / No	Year _____
Gib Board lined throughout	Yes / No	Year _____	Completely re-roofed	Yes / No	Year _____
Guttering replaced	Yes / No	Year _____	Completely re-piled	Yes / No	Year _____
Exterior re-painted	Yes / No	Year _____	Roof re-painted	Yes / No	Year _____

Were all of the appropriate permits obtained for the renovations undertaken? **Yes / No**

If you have answered NO to any of the above questions, please provide full details below:

Note: Your local power supply authority will be able to provide either details for re-wiring or a certificate stating the condition of the wiring.

HEATING DETAILS

Type of heating _____ Date installed _____
 Installed by whom _____ Condition of heater _____
 Condition of chimney _____ Date last swept _____

GENERAL Please provide full details of:

Other major renovations or any facts that we should be aware of when considering this insurance

The current condition of the home

Are you aware of any legislation, regulations, Historic Places Trust protection or local body by-laws that would prevent or affect rebuilding of the home?

DECLARATION: I/We hereby declare that all statements made in this document are true.

Signature _____ **Date** _____