



# HomeSure Travel Proposal



Client No:

Agency:

HFC Reference:

## IMPORTANT NOTES

Please read before completing this form

You have an important duty to tell us any information that may affect the acceptance of this proposal.

You must tell us all material facts.

A material fact is one which could influence us in deciding whether or not to insure you (such as convictions), and if so at what terms and conditions and for what premium. If you are not sure whether something is a material fact you should disclose it. This may include giving us information that we have not asked for directly in the questions in the proposal.

If you do not disclose all the material facts your insurance may be invalid and we may refuse to pay any claims you make.

Your duty to disclose material facts is an on-going one. You must continue to keep us informed of material facts during the course of being insured with us.

### I/We understand that:

- This proposal shall form the basis of the contract with TOWER Insurance;
- I am/We are obliged to tell TOWER Insurance about any information which may be material to the consideration of this proposal; and future renewals;
- Failure to provide any of this information may result in TOWER Insurance refusing to provide this insurance and any claim being declined;
- TOWER Insurance is collecting the information on this proposal to evaluate my/our insurance.

## CUSTOMER DETAILS

INSURED'S FULL NAME(S)	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>		
	<input type="text"/>		
	TELEPHONE	DAY	EVENING
	MAIN OVERSEAS DESTINATION	<input type="text"/>	
	DEPARTURE DATE	<input type="text"/>	
	FLIGHT NUMBER	<input type="text"/>	

## PLAN OPTION

Please indicate with a  the option you require

- Worldwide
- South Pacific
- Australia & New Zealand only

## COVER TYPE

Please indicate with a  the option you require

- Individual
- Family

## PERIOD OF INSURANCE

FROM:  /  /  TO:  /  /

## BAGGAGE & PERSONAL EFFECTS

Do you have any individual item(s) valued at more than \$1,000, or any video camera valued at more than \$1,500, which you intend to take overseas with you?

YES     NO

If YES, and you require cover for the items' present day value please list them below.

	\$
	\$
	\$
<b>TOTAL</b>	\$

## DECLARATION

Please tick

**Please complete carefully before signing. Where any question is answered NO, then further details are to be provided in the box below headed "Exceptions to this declaration".**

- (a) Have you told TOWER Insurance everything which is likely to affect the acceptance of this insurance?  YES     NO
- (b) Have all insurers which you have dealt with:
- agreed to insure you and your property at all times on standard terms?  YES     NO
  - offered renewals?  YES     NO
  - accepted all claims you have made?  YES     NO
- (c) Do you confirm that you have not made any claim(s) for loss or damage to any property owned by you in the past five years?  YES     NO
- (d) Do you confirm there are no circumstances likely to cause the journey to be cancelled or curtailed, and that all the persons on whose state of health the journey depends are in good health?  YES     NO
- (e) Do you confirm that you have not committed any criminal offences or been charged or convicted of any criminal offence (other than traffic or parking infringements) or been declared bankrupt during the last ten years?  YES     NO
- (f) Do you confirm that there is no existing, or recurring illness, injury, disability, infirmity or physical defect of which you are aware  
OR  
for which you have received medical examination, treatment, consultation, investigation and/or medication in the last six months?  YES     NO
- (g) Is all the information given in this proposal correct in every respect?  YES     NO
- (h) Are you aware that there is no cover for any person who is aged more than 70 years?  YES     NO
- (i) Are you aware that if you choose not to provide any information requested on this form, TOWER Insurance may decline your application for insurance?  YES     NO

**Exceptions to this declaration:** *(If any information is disclosed here, TOWER Insurance must be contacted before proceeding further.)*

I/We confirm that I/we have read and understood all the questions and answers on this proposal and that where it has been completed on my/our behalf by another person such as an agent/or employee of TOWER Insurance, I/we have read and confirm all the information provided is correct. Where this proposal is not signed by all insured parties, I confirm that I am authorised to sign this declaration and provide the authorities on their behalf.

Insured's signature(s)	Date
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### OFFICE USE ONLY

**COMPANY PREMIUM**

**LISTED ITEMS**

**TOTAL PREMIUM**

\$

\$

\$

HFC Branch \_\_\_\_\_

Bank Officer's Name \_\_\_\_\_