

Personal details		
Name of applicant(s): Surname	Forename(s)	Date(s) of birth (MM/DD/YYYY)
Mailing address (including Postcode)		
Address to be insured (including the Postcode)		
Home phone number	Cell phone number	Work phone number
Email address	Occupation/Employer	Insurance start date (MM/DD/YYYY)
General questions		
1. Is the home:	Yes	No
i) ever left without an occupant for more than 60 consecutive days?	<input type="checkbox"/>	<input type="checkbox"/>
ii) ever used for any commercial operations or other income-producing activities?	<input type="checkbox"/>	<input type="checkbox"/>
iii) on the shoreline?	<input type="checkbox"/>	<input type="checkbox"/>
iv) used for any hobbies or occupations that will increase the risk of fire?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you, your spouse or any other family member who normally live with you:		
i) ever been refused Home Insurance or had special terms imposed?	<input type="checkbox"/>	<input type="checkbox"/>
ii) had any losses or claims during the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
iii) ever been convicted of arson or of any offence involving dishonesty of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered "Yes" to any of the above questions, please provide relevant details in the space below		
3. Are you at present or have you previously been insured in respect of the risk(s) now proposed?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please fill in the details below.		
Name of Insurer:	<input type="text"/>	Sum insured: <input type="text"/>
Details of the Home to be insured		
	Yes	No
4. Are the walls made from block or concrete and the roof material from slate or SKB?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have an alarm system?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a safe?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered "No" to Q4 or "Yes" to Q5 or Q6, please provide relevant details in the space below.		

Home Elite Insurance Application

SECTION 1: Buildings

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 7. Do you wish to purchase Buildings cover? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a mortgage or other financial interest in the property? | <input type="checkbox"/> | <input type="checkbox"/> |

If so, state the name of the lender:

9. Sums insured required.
The sums insured should represent the full rebuilding cost of your Home including the garage and any other outbuildings, swimming pools & equipment, walls, gates, cesspits, tanks, patios, tennis courts, terraces and pavements.

Description	Sum insured
Buildings	
Swimming pool and equipment	
Satellite receiving equipment	
Docks, piers and jetties	
Seawalls	
Tennis courts	
Other (please state)	
TOTAL	

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 10. Do you wish to purchase Accidental Damage cover | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Accidental Damage is damage caused suddenly by external means which is not expected by you and is not deliberately caused by you.</i> | | |

SECTION 2 : Contents

This Section is for items that you wish to insure **INSIDE** the Home ONLY

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 11. Do you purchase Contents cover? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Sums insured required. | | |
| <i>The sums insured should represent the full replacement cost of your contents</i> | | |

Description	Sum insured
Household contents	
Personal effects <i>(Do not use this if you require cover outside of the Home)</i>	
Valuables <i>(Do not use this if you require cover outside of the Home)</i>	
Tenants improvements	
TOTAL	

Please list below any item of greater value than \$15,000 (Household contents) or \$5,000 (Valuables). We will need to see proof of the value of all the items that you list.

Description	Sum insured

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 13. Do you wish to purchase Accidental Damage cover | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Accidental Damage is damage caused suddenly by external means which is not expected by you and is not deliberately caused by you.</i> | | |
| 14. Do you wish to purchase Employer's Liability and Worker's Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you have answered "Yes" please complete the following for each employee. | | |

Employee occupation	Annual wages

SECTION 5: Golfer's Insurance

- | | Yes | No |
|---|--------------------------|--------------------------|
| 21. Do you wish to purchase cover for Golfer's Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are you a professional golfer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are you a member of a golf club? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Is your sight or hearing impaired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you have any physical disabilities? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "Yes" to any of the above questions please provide details below

26. Please select the type of cover you require
- | | | |
|-------------------|--|--|
| | Basic (\$50) <input type="checkbox"/> | Extra (\$75) <input type="checkbox"/> |
| Golfing equipment | \$1,000 | \$2,000 |
| Personal Effects | \$1,000 | \$2,000 |
| Personal Accident | \$10,000 | \$25,000 |
| Public Liability | \$250,000 | \$250,000 |

SECTION 6: Annual Travel

- | | Yes | No |
|--|--------------------------|--------------------------|
| 27. Do you wish to purchase cover for Annual Travel cover? | <input type="checkbox"/> | <input type="checkbox"/> |

The annual cost per person is \$171 and the cover is per person per trip is:

Baggage	\$2,000
* Personal Accident	\$10,000
Medical expenses	\$5,000
Cancellation Expenses	\$3,000
Legal Expenses	\$20,000

* Please note that there are reduced levels of cover for children under 17 years of age. Please see the Policy Wording for full details.

28. If you have answered "Yes" please complete details all person to be insured

Full name	Age



Home Elite Insurance Application

DECLARATION

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST

I DECLARE that to the best of my knowledge and belief, the information provided in this Application, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

I AGREE and ACKNOWLEDGE to maintain the amounts insured as the full replace value of the property. The Home is in and will be maintained in a good state of repair. I agree that this Application forms the basis of the contract between me and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

- I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.
- I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Applicant(s)

Signature of Underwriter

Date (MM/DD/YYYY)