

# Insurance Certificate

## Customer Options

*EQCover is driven by legislation, and to be eligible you must have a valid fire insurance policy in force at the time of loss for your residential building(s) and/or personal property usually held within your residential building(s). To meet this requirement, we need your insurance details. To get this to us, you have two options:*

Option 1:

1. Ring 0800 DAMAGE (0800 326 243) and supply us with your Insurance Company name.

Option 2:

1. Go see your insurance company
2. Ask them to complete this form
3. Please send this completed Insurance Certificate form to: [claims@eqc.govt.nz](mailto:claims@eqc.govt.nz), or Earthquake Commission, PO Box 311, Wellington 6140

A copy of this form is on the EQC web site at: <http://www.eqc.govt.nz/what-we-do/eqc-insurance/faqs>

## Claim Details - from our records as supplied by the claim reporter

Insured name:

Claim Number:

Damage Address:

Date of Loss:

## Declaration – for the insurance company representative to declare

I hereby certify that the property damaged on the date of \_\_\_\_\_ had a contract of fire insurance in place at the time of the loss.

Please select that which applies:

- personal property  
 the residential building

Signed:

Full Name:

Job Title:

Date:



## Insurance Details – Insurer, please complete as per your records

Insurance Company:

Branch:

Company Stamp:

Please provide  
company stamp  
here.

Broker/Agent:

If the customer has:

- A dwelling policy only, please complete page 3 and mark below as **Not Applicable**
- A contents policy only, please complete below and mark page 3 as **Not Applicable**
- Both policies, complete all the information
- No policy with you, mark both as **Not Applicable**

## Contents Policy – Insurer, please complete as per your records

Not Applicable:

Policy Status:  Valid

If the policy is invalid, please add the reason  Invalid

Policy Number:

Name the Contents are Insured in:

Policy Type:

Basis for Policy Type:  Combination  
 Indemnity  
*Please select*  Replacement

Cover Start Date:

Cover End Date:

Cover Top Up?  Yes  No

Covered Address:

Sum Insured:

EQC Levy Paid:

Excluded Items:



## Residential Dwelling & Land Policy – Insurer, please complete as per your records

**Not Applicable:**

**Policy Status:**  Valid  
*If the policy is invalid, please add the reason*  Invalid

**Policy Number:**

**Name the House is Insured in:**

**Policy Type:**

**Basis for Policy Type:**  Full replacement with no EQCover Sum Insured  
*Please select*  Full replacement with specified EQCover Sum Insured  
 Indemnity with no EQCover Sum Insured  
 Indemnity with specified EQCover Sum Insured  
 Replacement Sum Insured

**Cover Start Date:**

**Cover End Date:**

**Cover Top Up?**  Yes  No

**Covered Address:**

**Number of Buildings Insured in Total:** *For each building, tell us how many dwellings within the building have coverage and the coverage per dwelling. (If coverage differs between dwellings in the same building, please enter multiple rows with the same building description.)*

Building			per Dwelling		
Building Description	Number of Dwellings Covered	% Commercial Use	Sum Insured (\$)	Area Insured (sqm)	EQC Levy Paid (\$)

**Split Risk?**  Yes  No

**Split Risk Details**

