



## SECTION C: INDEMNITY, TERMS AND CONDITIONS

### Electronic Authorisation & Indemnity

By checking the box below, I am hereby authorising the National Housing Trust to send and/or request related updates and information from me, via email, using the email address(es) provided by me in this application. I hereby indemnify and hold the Trust, its agents and employees harmless upon demand in respect of all claims, liabilities, losses, damages, costs and expenses whatsoever which may be incurred by or asserted against the Trust, its agents and employees in connection with or arising directly or indirectly from any action taken in accordance with the instructions received from said email address(es).

I Agree

### Terms & Conditions:

- All payments for insurance premium are due by the 1<sup>st</sup> day of the insurance year or quarterly as follows:
  - i. Annual payments – due by: **September 1**
  - ii. Quarterly payments – due by: **September 1, December 1, March 1 and June 1.**
- Where Insurance premium payments are outstanding for more than 30 days, the insurance coverage shall be discontinued.
- Where Insurance coverage is discontinued for non-payment, the former insured person is permanently barred from future peril insurance coverage through the NHT, in respect of the same property, excepting a new mortgage agreement.
- Where coverage is discontinued after the NHT advanced payments to the insurance company, the NHT reserves the right where necessary, to recover the outstanding sums from available contributions refund.
- Where the available contribution is insufficient, the outstanding sums may be recovered through an External Debt Collector, or via litigation.

**By checking the box below, I am confirming that the information submitted is correct and I have read, understood and agree to the terms and conditions stated.**

I Agree

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(dd/mm/yyyy)

## SECTION D: FOR INTERNAL USE ONLY

Does the customer qualify for the property insurance coverage?  Yes  No

Reason(s): \_\_\_\_\_  
\_\_\_\_\_

Applicable Settlement Date: \_\_\_\_\_ (dd/mm/yyyy) Insurance Coverage Commencement Date: \_\_\_\_\_ (dd/mm/yyyy)

***NB: Where there are multiple loan accounts/settlement dates, the most recent settlement date should be used.***

Insurance Premium to be paid: \$ \_\_\_\_\_ Insurance Premium Commencement Date: \_\_\_\_\_ (dd/mm/yyyy)

Checked and Recommended/  
Not Recommended by: \_\_\_\_\_  
Name Signature (dd/mm/yyyy)

Approved/Rejected by: \_\_\_\_\_  
Name Signature (dd/mm/yyyy)