



quote sheet PLEASE FAX BACK TO **(03) 9817 2055**

Name: _____

Company: _____

Address: _____

Postal Address: _____

Tel: _____ Fax: _____ Mobile: _____

Email: _____

Insured Name Policy is to be held in: _____

Date of Birth of Insured: _____ Are you Retired? Yes No

Type of Cover required: Defined Events Accidental Damage

Address of property insured: _____

If yes, is there a mortgage on the home? Yes No

Name of Mortgage Company: _____

Type of occupancy:

Holiday Home Owner Occupied Tenant Rental Property Unoccupied Other

Type of Building:

House Flat Unit Townhouse

What are the walls made up of?

Solid Brick Timber Brick Veneer Cement Sheet Other

What is the age of the home? _____

Has your home been rewired in the last 25 years? Yes No Does the building have National Trust Classification? Yes No

What Security is installed?

Deadlocks on all external doors Local Alarm Back to Base Alarm

Sliding doors (*Key Operated Locks*) Window Locks

Total Building Replacement Sum Insured: \$ _____

Total Contents Replacement Value: \$ _____

LIST ANY SPECIFIED ITEMS - Description	Replacement value
1.	\$
2.	\$
3.	\$
Total Specified Items:	\$

quote sheet *continued*

Personal Property – Outside the home, anywhere in Australia (Jewellery, Laptops, Cameras etc.)

Total limit of cover: \$ _____

Limit per item: \$ _____

LIST ANY PERSONAL PROPERTY - Description	Replacement value
1.	\$
2.	\$
3.	\$
Total Personal Specified Items:	\$

Do you have Current Insurance: Yes No Expiry Date: _____

Have you or any insured member:

(a) had insurance declined, cancelled or special terms imposed? Yes No

(b) ever been charged with any criminal offence or been bankrupt? Yes No

(c) suffered any insurance claims in the last 5 years? Yes No

If yes, please supply details:

What date do you want cover to start from? _____

Do you have any other specific requests or requirements in respect to this property, or other properties? Yes No

If yes, please supply details:

DISCLOSURE REQUIREMENTS

As part of our Financial Services license we are required to inform you of your following obligations:

DUTY OF DISCLOSURE

You have a duty before entering into a contract of insurance to disclose any facts that could affect an insurer's decision to insure the risk. If you fail to comply with your duty of disclosure the insurer may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If you disclose facts fraudulently the insurer may also have the option of avoiding the contract from the beginning.

Signed: _____ Date: _____