



## landlord insurance

**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

Address of Property to be Insured: \_\_\_\_\_

Is there a mortgage on the property?  Yes  No

Name of Mortgage Company: \_\_\_\_\_

Type of occupancy:  Rented to tenants  Unoccupied

Type of Building:  House  Flat  Unit  Holiday House  Townhouse

What are the walls made up of?

Solid Brick  Timber  Brick Veneer  Cement Sheet  Other

What is the age of the property? \_\_\_\_\_

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: \$** \_\_\_\_\_

Do you require Loss of Rent Cover?  Yes  No *If yes, weekly rental: \$* \_\_\_\_\_

Do you require Rent Default/Theft by Tenants (*Up to \$3,000*)  Yes  No

Legal Liability:  \$10mil  \$20mil

Is there a lift, spa or pool on the property?  Yes  No

Is the property registered under a Body Corporate?  Yes  No *BCSP No.:* \_\_\_\_\_

Is the property self managed or managed by a Real Estate Agent?  Yes  No *Name of Agent:* \_\_\_\_\_



## landlord **insurance**

### quote sheet *continued*

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:

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### **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: \_\_\_\_\_