

Please complete and return this form and we will be back to you within 24 hours.

Insured Details

Surname: First Name: D.O.B.: / /

Email: Phone: Retired: Yes No

Mailing address: Postcode:

Insured risk address: Postcode:

Do you require cover for flood: Yes No

Is your property on more than 5 acres: Yes No

Bicycle Network Member? Yes No Member Number:

Sums insured

Sum Insured Building \$: Contents (incl bike) \$: Valuables \$:

(Valuables cover is for jewellery/
watches valued over \$10,000 per item)

Total bicycle value \$: Do you require cover for bike Racing? Yes No

Bicycle description:

Excess: \$250 \$500 \$1000

Construction and security

Year of construction: Building type: Construction type:

Home Unit Other

Brick Timber Other

If other: If other:

Occupied by:

Owner Tenant Shared

Security:

Back-to-base alarm Window bars/grills Deadlocks doors

Keyed Window locks Fixed Safe Local Alarm

Have you had any claims in the past 5 years? Yes No

If yes, please provide details of claim:

Year of loss	Type of claim	Amount Paid

Can we help you with a quote on:

Motor Vehicle Boat Caravan Life Insurance Business Insurance Landlord