

Please complete and return this form and we will be back to you within 48 hours.

SECTION 1: INSURED DETAILS

Surname First Name DOB

Email Phone ()

Postal Address Postcode

Risk address Postcode

Retired Yes No

SECTION 2: WHAT TYPE OF POLICY

Accidental damage Defined events

Is your property on more than 5 acres? Yes No Do you require flood cover? Yes No

Excess \$100 \$250 \$500 \$1000

SECTION 3: SUMS INSURED

Sum Insured: Building \$ Contents \$ Jewellery \$

Highest value of single item?

SECTION 4: CONSTRUCTION AND SECURITY

Year of construction

Building type: Home Unit Other
 If other:

Construction type: Brick Timber Other
 If other:

Construction of roof: Tile Iron Other
 If other:

Occupied by: Owner occupied Tenant Shared Holiday home Vacant

Security: Back-to-base alarm Window bars/grills Deadlocks on doors
 Keyed Window locks Fixed safe Local alarm

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

Please provide details of claims (year, what happened, amount paid)

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SECTION 5: CAN WE HELP YOU WITH A QUOTE ON:

Motor Vehicle Boat Caravan Life Insurance
 Business Insurance Landlord Insurance Income Protection Other