

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

Insured Details

Surname: First Name: D.O.B:
Email: Phone: Retired: Yes No
Address: Postcode:
Insured risk address: Postcode:

Sums Insured

Building \$: Contents \$: Valuables \$:

Construction and security

Year of construction \$: Building type: Construction type:
Home Unit Other Brick Timber Other
If other: If other:

Security:

Back-to-base alarm Window bars/grills Dead locks
 Keyed Window locks Fixed safe Local alarm

Weekly rent \$:

Is the property managed by a real estate: Yes No
Is malicious damage required: Yes No
Is rent default/theft by tenant required: Yes No
Is accidental damage required: Yes No
Have you had any claims in the past 5 years? Yes No

Please provide details of claims:
.....

Signature: Date:

Can we help you with a quote on:

Home and Contents Boat Caravan Life Insurance Business Insurance