

Quotation Sheet

CLIENT INFORMATION

Named Insured:	Date of Birth:
Phone:	
Email:	Occupation and employer details:
Postal Address:	
Situation to be insured:	

PERIOD OF INSURANCE

From:	To:
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SUMS INSURED

Home & Contents Coverage			
Building Sum Insured: \$			
Contents Sum Insured: \$			
Valuable Articles Coverage (in addition to general contents)			
Jewellery Sum Insured: \$	No. of Items:	Most Expensive Item: \$	
Fine Arts Sum Insured: \$	No. of Items:	Most Expensive Item: \$	
Cameras: \$	Wine: \$	Musical Instruments: \$	Other: \$
(NOTE: A Valuable Articles Profile will need to be completed if the jewellery sum insured is greater than \$250,000)			

RISK DETAILS

External Construction:		Type of Residence:	
<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> House
<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Unit
<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Owner Occupied
Roof Construction:		<input type="checkbox"/> Rented to other	
<input type="checkbox"/> Iron	<input type="checkbox"/> Tile	<input type="checkbox"/> Slate	<input type="checkbox"/> Tenanted
<input type="checkbox"/> Iron	<input type="checkbox"/> Tile	<input type="checkbox"/> Slate	<input type="checkbox"/> Holiday house? How often visited?
Year of construction:		<input type="checkbox"/> Is the house currently occupied? If no, when?	
Heritage Listed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the property been renovated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when / what:	
Is the property in the course of construction or renovation or are they planned in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, type and cost:			
Newly built homes: Has all work been completed with no trades people remaining onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what remains outstanding:			
Security :			
Deadlocks – All access doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Keyed Window Locks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Burglar Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monitored <input type="checkbox"/> Local <input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monitored <input type="checkbox"/> Local <input type="checkbox"/>
Safe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fixed <input type="checkbox"/> Freestanding <input type="checkbox"/>
Other security:			Make / Model / Cash Rating if known:

CURRENT INSURER:

LOSS HISTORY

- Has the proposer:
- (i) Had any circumstances that occurred in the last five years that could have given rise to a claim under a household insurance policy whether insured or not? Yes No
Please give details (including type of loss, dates and amounts paid):
- (ii) Ever been refused insurance (new or renewal), had insurance cancelled or cover rejected? Yes No
- (iii) Ever been charged or convicted of a criminal offence in the last ten years (with the exception of traffic offences)? Yes No
If Yes to any question, please give full details.