

Buildsafe Insurance Brokers Pty Ltd

Home Insurance

New Business Application Form

- Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to this document form part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

1 Your Details

1.1. Period of Insurance

Start Date

Expiry Date

1.2. Underwriting Acceptance Criteria

Have you been declined insurance in the past 12 months Yes No

How many criminal convictions has the insured had in the past 3 years?

1.3. Insured

Insured Name

Date of Birth of Oldest Insured

Yes No

1.4. Claims

Have there been any home or contents related claims made within the past 3 years? Yes No

Year

| | | |
|------------|-------------------------------|--------------------------|
| Claim Type | Accidental damage at home | <input type="checkbox"/> |
| | Burglary (with break in) | <input type="checkbox"/> |
| | Escaped water or other liquid | <input type="checkbox"/> |
| | Fire (not bushfire) | <input type="checkbox"/> |
| | Flood – Previous address | <input type="checkbox"/> |
| | Loss of rent | <input type="checkbox"/> |
| | Theft (without break in) | <input type="checkbox"/> |

| | |
|----------------------------------|--------------------------|
| Accidental damage away from home | <input type="checkbox"/> |
| Bushfire | <input type="checkbox"/> |
| Explosion | <input type="checkbox"/> |
| Flood – current address | <input type="checkbox"/> |
| Legal Liability | <input type="checkbox"/> |
| Storm / cyclone or water run-off | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Year

| | | |
|------------|-------------------------------|--------------------------|
| Claim Type | Accidental damage at home | <input type="checkbox"/> |
| | Burglary (with break in) | <input type="checkbox"/> |
| | Escaped water or other liquid | <input type="checkbox"/> |
| | Fire (not bushfire) | <input type="checkbox"/> |
| | Flood – Previous address | <input type="checkbox"/> |
| | Loss of rent | <input type="checkbox"/> |
| | Theft (without break in) | <input type="checkbox"/> |

| | |
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| Accidental damage away from home | <input type="checkbox"/> |
| Bushfire | <input type="checkbox"/> |
| Explosion | <input type="checkbox"/> |
| Flood – current address | <input type="checkbox"/> |
| Legal Liability | <input type="checkbox"/> |
| Storm / cyclone or water run-off | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Year

| | | |
|------------|-------------------------------|--------------------------|
| Claim Type | Accidental damage at home | <input type="checkbox"/> |
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| | Escaped water or other liquid | <input type="checkbox"/> |
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| | Flood – Previous address | <input type="checkbox"/> |

| | |
|----------------------------------|--------------------------|
| Accidental damage away from home | <input type="checkbox"/> |
| Bushfire | <input type="checkbox"/> |
| Explosion | <input type="checkbox"/> |
| Flood – current address | <input type="checkbox"/> |
| Legal Liability | <input type="checkbox"/> |

Loss of rent
 Theft (without break in)

Storm / cyclone or water run-off
 Other

2 Property 1 :

2.1. Acceptance Criteria

Is the property

- used for business purposes other than home office or surgery Yes No
- under construction, reconstruction or renovation Yes No
- in poor condition or poorly maintained Yes No
- expected to be unoccupied for more than 90 continuous days during the period of cover Yes No
- under any heritage listing/National Trust listing or order Yes No
- used as a hostel, bed and breakfast or guesthouse Yes No

2.2. Coverage

Coverage

Accidental Damage Listed Events Listed Events Base

Occupancy Type

Owner Occupied Renting Weekender / Holiday Home

Building Type

Free standing Home Townhouse Terrace
 Apartment /Flat /Unit Semi Detached Duplex /Triplex /Quadplex
 Granny Flat Nursing Home Unit

For Apartment/Flat/Unit, what floor is the property located on
 For Apartment/Flat/Unit, Townhouse or Duplex/Triplex/Quadplex is the property part of a Strata Plan

Cover Type

Building & Contents Building Only Contents Only

2.3. Building

Address

Construction Details

Walls

Aluminium Brick Veneer Concrete Double Brick
 Fibro / Asbestos Hardiplank / Hardiflex Mud Brick Steel
 Sandwich Foam/EPS (Expanded Polystyrene) Weatherboard / Wood Stone Straw
 Vinyl Cladding Other

Roof

Aluminium Concrete Fibro/Asbestos Iron (Corrugated)
 Slate Thatch Tin/Steel/Colourbond Tiles
 Timber
 Year Built

Number of levels **complete this item if Building cover is selected**

Quality

Standard quality Above Average Top of the range

Building replacement value **complete this item if Building cover is selected**

2.4. Security

Section to be completed only if Contents cover is selected.

What best describes security on the property's externally accessible doors?

None Deadlocks Only Key Card Access Only
Deadlocks and Key Card Access

What best describes security on the property's externally accessible windows?

None No accessible windows Security Bars / Screens Only
Key Operated Locks Only Security Bars / Screens and Key Operated Locks

Alarm Security

None Unmonitored Burglar Alarm Monitored Burglar Alarm

2.5. Contents Sum Insured

Section to be completed only if Contents cover is selected.

Contents sum insured (excluding unspecified and specified valuables)

Unspecified Valuables

Portable valuables cover required (Maximum of \$1,000 per item)

Not Required \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

Specified Valuables

Please list any specified valuables to be insured

Item # 1

Item Description Sum Insured

Item Type

Collection of stamps, money or medals Jewellery & Watches Audio / Video / Computer Hardware
Carpets / Rugs Paintings / Art Objects Items that contain gold/silver
Other

Item # 2

Item Description Sum Insured

Item Type

Collection of stamps, money or medals Jewellery & Watches Audio / Video / Computer Hardware
Carpets / Rugs Paintings / Art Objects Items that contain gold/silver
Other

Item # 3

Item Description Sum Insured

Item Type

Collection of stamps, money or medals Jewellery & Watches Audio / Video / Computer Hardware
Carpets / Rugs Paintings / Art Objects Items that contain gold/silver
Other

2.6. Interested Parties

Please list Interested Parties

Name

Name

2.7. Excess Options

Select up to 3 excess options for Building Excess

| | | | | | | | | | | | |
|---------|--------------------------|----------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|
| \$100 | <input type="checkbox"/> | \$300 | <input type="checkbox"/> | \$500 | <input type="checkbox"/> | \$600 | <input type="checkbox"/> | \$700 | <input type="checkbox"/> | \$750 | <input type="checkbox"/> |
| \$800 | <input type="checkbox"/> | \$900 | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$1,250 | <input type="checkbox"/> | \$1,500 | <input type="checkbox"/> | \$1,750 | <input type="checkbox"/> |
| \$2,000 | <input type="checkbox"/> | \$2,500 | <input type="checkbox"/> | \$3,000 | <input type="checkbox"/> | \$3,500 | <input type="checkbox"/> | \$4,000 | <input type="checkbox"/> | \$4,500 | <input type="checkbox"/> |
| \$5,000 | <input type="checkbox"/> | \$10,000 | <input type="checkbox"/> | | | | | | | | |

Select up to 3 excess options for Contents Excess

| | | | | | | | | | | | |
|---------|--------------------------|----------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|
| \$100 | <input type="checkbox"/> | \$300 | <input type="checkbox"/> | \$500 | <input type="checkbox"/> | \$600 | <input type="checkbox"/> | \$700 | <input type="checkbox"/> | \$750 | <input type="checkbox"/> |
| \$800 | <input type="checkbox"/> | \$900 | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$1,250 | <input type="checkbox"/> | \$1,500 | <input type="checkbox"/> | \$1,750 | <input type="checkbox"/> |
| \$2,000 | <input type="checkbox"/> | \$2,500 | <input type="checkbox"/> | \$3,000 | <input type="checkbox"/> | \$3,500 | <input type="checkbox"/> | \$4,000 | <input type="checkbox"/> | \$4,500 | <input type="checkbox"/> |
| \$5,000 | <input type="checkbox"/> | \$10,000 | <input type="checkbox"/> | | | | | | | | |

3 Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

- (a) Signing and returning a copy of this form; or
- (b) Providing the information requested and returning the form to us; or
- (c) Providing us with instructions to place the policy.

Signature of Applicant(s)

Position held

Date

Return to: BuildSafe Insurance Brokers Pty Ltd

Email: info@buildsafe.com.au

Fax: 03 9773 6351

Telephone: 1300 763 016

Post: PO BOX 2294 Seaford Vic 3198

