

Buildsafe Insurance Brokers Pty Ltd

Landlord Insurance 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. Acceptance Criteria

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

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

1.3. Insured

Insured Name

What is the date of birth of the oldest insured

Does the insured already have at least one policy with this insurer? Yes No

1.4. General Details

Current insurer

2. Coverage

Occupancy Type

Rented to Tenants (long term basis)

Rented to Tenants (short term basis)

Owner Occupied and rented to Tenants (short term basis)

Weekender / Holiday Home and rented to Tenants (short term basis)

Building Type

Free standing Home Townhouse Terrace

Apartment/Flat/Unit Semi Detached Duplex / Triplex / Quadplex

Block of Flats/Units/Apartments Granny Flat

For Apartments, Flats or Units, what floor is the property located on

For Block of Flats/Units/Apartments (long term occupancy), how many units are in the block

Is the property part of a Strata Plan Yes No

Cover Type

Building and Contents

Building Only

Contents Only

3. Building

Property address

Construction

Walls

Aluminium	<input type="checkbox"/>	Brick Veneer	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Double Brick	<input type="checkbox"/>
Fibro / Asbestos	<input type="checkbox"/>	Hardiplank / Hardiflex	<input type="checkbox"/>	Mud Brick	<input type="checkbox"/>	Steel	<input type="checkbox"/>
Sandwich Foam/EPS (Expanded Polystyrene)	<input type="checkbox"/>			Stone	<input type="checkbox"/>	Straw	<input type="checkbox"/>
Vinyl Cladding	<input type="checkbox"/>	Weatherboard / Wood	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Roof

Aluminium	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Fibro/Asbestos	<input type="checkbox"/>	Iron (Corrugated)	<input type="checkbox"/>
Slate	<input type="checkbox"/>	Thatch	<input type="checkbox"/>	Tin/Steel/Colourbond	<input type="checkbox"/>	Tiles	<input type="checkbox"/>
Timber	<input type="checkbox"/>						

Year Built

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

Quality

Standard quality Above Average Top of the range

Is there a swimming pool, outdoor spa or lift at the property Yes No **complete this item if Building cover is selected**

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

4. Security

Section to be completed only if Contents cover is selected.

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

None	<input type="checkbox"/>	Deadlocks Only	<input type="checkbox"/>	Key Card Access Only	<input type="checkbox"/>
Deadlocks and Key Card Access	<input type="checkbox"/>				

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

None	<input type="checkbox"/>	No accessible windows	<input type="checkbox"/>	Security Bars / Screens Only	<input type="checkbox"/>
Key Operated Locks Only	<input type="checkbox"/>	Security Bars / Screens and Key Operated Locks	<input type="checkbox"/>		

Alarm Security

None Unmonitored Burglar Alarm Monitored Burglar Alarm

5. Contents

Section to be completed only if Contents cover is selected.

Contents sum insured (excluding Special Contents)

Special Contents

Please list any special contents to be insured

Item # 1

Description Sum Insured

Type

Household Goods	<input type="checkbox"/>	Fixtures and fittings installed if strata unit	<input type="checkbox"/>
Portable Domestic Appliances	<input type="checkbox"/>	Swimming pools, saunas and spas not built in, and or their accessories	<input type="checkbox"/>
Furniture and Furnishings	<input type="checkbox"/>	Items thinly covered with gold/silver but not jewellery	<input type="checkbox"/>
		Clothing, pedal cycles, surfboards and surf skis over \$2,000 in total	<input type="checkbox"/>

Item # 2

Description Sum Insured

Type

Household Goods	<input type="checkbox"/>	Fixtures and fittings installed if strata unit	<input type="checkbox"/>
Portable Domestic Appliances	<input type="checkbox"/>	Swimming pools, saunas and spas not built in, and or their accessories	<input type="checkbox"/>
Furniture and Furnishings	<input type="checkbox"/>	Items thinly covered with gold/silver but not jewellery	<input type="checkbox"/>
		Clothing, pedal cycles, surfboards and surf skis over \$2,000 in total	<input type="checkbox"/>

Item # 3

Description Sum Insured

Type

Household Goods	<input type="checkbox"/>	Fixtures and fittings installed if strata unit	<input type="checkbox"/>
Portable Domestic Appliances	<input type="checkbox"/>	Swimming pools, saunas and spas not built in, and or their accessories	<input type="checkbox"/>
Furniture and Furnishings	<input type="checkbox"/>	Items thinly covered with gold/silver but not jewellery	<input type="checkbox"/>
		Clothing, pedal cycles, surfboards and surf skis over \$2,000 in total	<input type="checkbox"/>

6. Cover Options

Is your property managed by a professional property agent Yes No

Do you want cover for Theft by a Tenant Yes No

Do you want cover for Loss of Rent Yes No

Loss of Rent Sum Insured **To the maximum of your annual rental income**

Section to be completed only if property is Part of a Strata Plan

Do you want cover for Strata Title Mortgagee Protection Yes No

Strata Title Mortgagee Protection Sum Insured

Section to be completed only if Occupancy Type is Rented to Tenants (long term)

Do you want cover for Rent Default Yes No

You must have a Rental Agreement or Periodic Tenancy Agreement in place in order to have cover for Rent Default

7. Interested Parties

Please list Interested Parties

Name

Name

8. 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"/>								

9. Other

Number of criminal convictions in the past 3 years

Have there been any claims made at this situation in the last 3 years

Yes No

If Yes, please enter details of any home or contents related claims below

Year

Claim Type	Accidental damage at the situation	<input type="checkbox"/>
	Bushfire	<input type="checkbox"/>
	Explosion	<input type="checkbox"/>
	Flood – current address	<input type="checkbox"/>
	Legal Liability	<input type="checkbox"/>
	Rent default	<input type="checkbox"/>
	Storm / cyclone or water run-off	<input type="checkbox"/>
	Other	<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/damage caused by Tenant	<input type="checkbox"/>
	Theft (without break in)	<input type="checkbox"/>

Year

Claim Type	Accidental damage at the situation	<input type="checkbox"/>
	Bushfire	<input type="checkbox"/>
	Explosion	<input type="checkbox"/>
	Flood – current address	<input type="checkbox"/>
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Year

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	Burglary (with break in)	<input type="checkbox"/>
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	Flood – Previous address	<input type="checkbox"/>
	Loss of rent	<input type="checkbox"/>
	Theft/damage caused by Tenant	<input type="checkbox"/>
	Theft (without break in)	<input type="checkbox"/>

10. Other Information

Do you wish to provide any additional information ?

Yes No

11. 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

