

Home &/or Contents Quotation Form

AIB AUSTRALIA

APPLICANT DETAILS			
Names of Insured in full	Name	Date of Birth	Are you Retired?
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Status	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	ABN: <input type="text"/>	Taxable: <input type="text"/> %
Insured's Phone	<input type="text"/>	Email	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Financier/ Mortgagee Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Period of Insurance	From: <input type="text"/>	To: <input type="text"/>	

INFORMATION ABOUT THE HOME AND CONTENTS			
Address of Property to Insure	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
How is the home Occupied?	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Tenant Occupying	<input type="checkbox"/> Landlord – please complete Landlord quote Form
	<input type="checkbox"/> Holiday Home	<input type="checkbox"/> Vacant Home	<input type="checkbox"/> Farm Residence – please contact office for quotation
If Holiday Home – please advise name of Insurer of your Primary Residence	<input type="text"/>		
Is home shared with anyone that is not a member of your family? If so please provide Details	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="text"/>			
Do any applicants use part of the building for earning Income? If Yes please provide details of business activities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="text"/>			
Type of Cover	Accidental Damage <input type="text"/>	Defined Events	<input type="text"/>
Is Cover Required for Flood?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the property been inundated / flooded in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please provide details:			
<input type="text"/>			

CONSTRUCTION

Walls Brick Brick Veneer Hardiplank/Fibro Timber Other:

Roof Iron Tiles/Slate Fibro Other:

Single Storey Single Storey Elevated Double Storey 3 or More Stories

Number of Storeys Heritage Listed Yes No

Year Built

Renovations

Rewired Yes No Year

Re plumbed Yes No Year

SECURITY

Windows Standard Locks Keyed Locks Security Screens Bars Grills

Louvre Windows with Bars No Louvre Windows

Doors Standard Locks Single Keyed Deadlocks Double Keyed Deadlocks

No Sliding Doors Sliding Doors With Patio Bolts Sliding Doors With No Patio Bolts

Alarm Local Audible Alarm Back to Base / Monitored

FIRE SAFETY

Smoke alarm installed? Yes No

If Yes, please provide details

Hardwired? Yes No Battery

If Yes To Fire Brigade Safety Switch Installed

To Monitored Alarm

WATER SUPPLY

Water Type Town Water Tank Water Other

PROPERTY

Property Size >2 acres No. Hectares

Cyclone Area Compliant with Building Code Yes No Neighbourhood Watch Yes No

Any Farming activities or farm animals on property? Yes No

Wharf, Jetty or Pontoon Swimming Pool Pool Cover/Solar Cover

Type Of Dwelling Unit / Flat Detached House

Town House Duplex Other

Which Level is your Unit

SUMS INSURED		
Home including all permanent structures	<input type="text" value="\$"/>	
Unspecified Contents	<input type="text" value="\$"/>	
Specified Contents (at home cover only) – Please attach list if required.	1)	<input type="text" value="\$"/>
	2)	<input type="text" value="\$"/>
	3)	<input type="text" value="\$"/>
	4)	<input type="text" value="\$"/>
	5)	<input type="text" value="\$"/>
	Total of Specified Contents	<input type="text" value="\$"/>
Specified Valuables (Australia Wide cover) Please list items you wish Australia Wide cover on (laptops, cameras, jewellery, bicycles etc)	1)	<input type="text" value="\$"/>
	2)	<input type="text" value="\$"/>
	3)	<input type="text" value="\$"/>
	4)	<input type="text" value="\$"/>
	5)	<input type="text" value="\$"/>
	Total of Specified Valuable	<input type="text" value="\$"/>

DOMESTIC WORKERS COMPENSATION (NSW ONLY)	
Number of Workers	<input type="text"/>

PREVIOUS INSURANCE			
Current Insurer	<input type="text"/>	Policy Number	<input type="text"/>
Number of Claim Free Years	<input type="text"/>	Current Excess	<input type="text" value="\$"/>
Due Date	<input type="text"/>		

QUESTIONNAIRE	
All questions must be answered by and in respect of each of the applicants.	
Has any Insurer refused or cancelled cover or required special terms to insure you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any applicants suffered any losses, or had any claims made against them, within the last 5 years whether claimed for or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the applicants, or any person who will receive insurance cover under the proposed policy, been charged with, or convicted of, any criminal offences during the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any exceptional circumstances relating to the risk to be insured that you have not already told us about, and that you know or should know may affect our decision to insure you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any Insurer refused or cancelled cover or required special terms to insure you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE SUPPLY FULL DETAILS, DATE, CIRCUMSTANCES, AMOUNTS, ETC (If insufficient space, please provide additional details on a separate page)	
<input style="width: 100%; height: 30px;" type="text"/>	

SIGNATURE & DECLARATION

I/We declare that

The information in this application is true and correct and I/We have not withheld any relevant information.

The buildings and contents are in a sound state of repair and the sums stated represent their full value.

I/We understand that any statement made in this application will be treated as a statement made by all of the people insured.

Signature of Applicant

Date

Signature of Applicant

Date