

# HOME & CONTENTS QUOTE FORM

CLIENT'S FULL  
NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

POSTAL  
ADDRESS: \_\_\_\_\_

If cover is required, please answer all of the questions below.

SITUATION OF PROPERTY TO BE INSURED:

\_\_\_\_\_

## COVER REQUIRED (PLEASE CIRCLE): LISTED EVENTS / ACCIDENTAL DAMAGE

- 1 Does the property have town water supply? Yes / No
- 2 Is the property on acreage? If yes, how many? Yes / No
- 3 Is the property in a neighbourhood watch district? Yes / No
- 4 How is the property occupied? Owner Occupied / Tenanted / Landlords / Other \_\_\_\_\_
- 5 Age of Building: \_\_\_\_\_ If over 40 years, has the property been rewired and re-plumbed? Yes / No  
If Yes, when? \_\_\_\_\_ (If No, a certificate of safety may be required by the insurer)
- 6 Construction (please circle): **Walls:** Full Brick/Brick Veneer/Timber/Hardiplank/Asbestos  
**Floor:** Concrete/Timber **Roof:** Iron/Metal/Colour bond/Fibro/Tiles
- 7 Type of Dwelling (please circle): Home/Duplex/Unit/Townhouse/Other (please specify) \_\_\_\_\_  
Lowset/Highset (please circle) No. of Bedrooms: \_\_\_\_\_ Size in squares or sq m: \_\_\_\_\_
- 8 Building Sum Insured \$ \_\_\_\_\_ (This should represent full replacement value)
- 9 Contents Sum Insured \$ \_\_\_\_\_ (This should represent full replacement value)
- 10 You must insure for the full amount of the Replacement Value of the Building and Contents covered.  
Your attention is directed to the Co-Insurance Clause in your Policy, as failure to comply may result in a reduction in major claims settlement if the property in question is under insured.  
Does the present Sum Insured represent the full Replacement Value? Yes / No Initial \_\_\_\_\_
- 11 FLOOD cover is specifically excluded from your current Policy. Flood cover may or may not be obtainable, depending on the situation of the property, & obviously, an extra premium would apply  
Do you require Flood Cover? Yes / No Initial \_\_\_\_\_
- 12 Do you require any valuables or contents to be listed separately? Yes / No  
If Yes, please provide details (you may be required to provide a current valuation)
- | Description | Sum Insured | Home or Away from Home |
|-------------|-------------|------------------------|
| _____       | \$ _____    | Home / Away from Home  |
| _____       | \$ _____    | Home / Away from Home  |
- (If more required, please provide a separate list)
- 13 Date of Birth of oldest insured: \_\_\_\_\_
- 14 Are you retired? Yes / No
- 15 Are you an aged pensioner? Yes / No
- 16 What security measures are in place?  
**Doors:** (front & Back etc) Deadlocks – Single/Double / Normal Locks **Sliding Doors:** Patio Bolts / Normal Locks  
**Windows:** Grills / Key Locks / Normal Locks **Alarm:** Local / Monitored / No Alarm
- 17 Have you made any claims in respect to household insurance in the last 5 years? Yes / No  
If Yes, please provide details (date of loss, description of loss, amount claimed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22 Have you been declined insurance or special terms imposed by an insurer? **Yes / No**  
If Yes, please provide details (date, insurer and special terms)

\_\_\_\_\_  
\_\_\_\_\_

23 Is there a Financier/Mortgagee to be noted? **Yes / No**  
If Yes, please provide name & address: \_\_\_\_\_

24 Name of Current Insurer: \_\_\_\_\_ Excess: \_\_\_\_\_

Due date of current insurance: \_\_\_\_\_

**DECLARATION BY CLIENT/BROKER REP/BROKER AGENT**

I/We in effecting insurance in accordance with the information furnished in this Needs Analysis declare & warrant:

- (a) The statements in this Needs Analysis are true;
- (b) That I/We agree to accept the term, exclusions, conditions and limitations of the Policy(s) effected on my/our behalf  
By you in respect of the insurances obtained in respect of the above.

SIGNED ON BEHALF OF ..... DATED .....