

Landlords 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"/>
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	<input type="checkbox"/> Brick	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Hardiplank/Fibro
	<input type="checkbox"/> Timber	<input type="checkbox"/> Other:	<input type="text"/>
Roof	<input type="checkbox"/> Iron	<input type="checkbox"/> Tiles/Slate	<input type="checkbox"/> Fibro
	<input type="checkbox"/> Other:	<input type="text"/>	
	<input type="checkbox"/> Single Storey	<input type="checkbox"/> Single Storey Elevated	<input type="checkbox"/> Double Storey
	<input type="checkbox"/> 3 or More Stories		
Number of Storeys	<input type="text"/>	Heritage Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Built	<input type="text"/>		
Renovations	Rewired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <input type="text"/>
	Re plumbed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <input type="text"/>

SECURITY			
Windows	<input type="checkbox"/> Standard Locks	<input type="checkbox"/> Keyed Locks	<input type="checkbox"/> Security Screens Bars Grills
	<input type="checkbox"/> Louvre Windows with Bars	<input type="checkbox"/> No Louvre Windows	
Doors	<input type="checkbox"/> Standard Locks	<input type="checkbox"/> Single Keyed Deadlocks	<input type="checkbox"/> Double Keyed Deadlocks
	<input type="checkbox"/> No Sliding Doors	<input type="checkbox"/> Sliding Doors With Patio Bolts	<input type="checkbox"/> Sliding Doors With No Patio Bolts
Alarm	<input type="checkbox"/> Local Audible Alarm	<input type="checkbox"/> Back to Base / Monitored	

FIRE SAFETY			
Smoke alarm installed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details	Hardwired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Battery
	If Yes	<input type="checkbox"/> To Fire Brigade	<input type="checkbox"/> Safety Switch Installed
		<input type="checkbox"/> To Monitored Alarm	

WATER SUPPLY			
Water Type	<input type="checkbox"/> Town Water	<input type="checkbox"/> Tank Water	<input type="checkbox"/> Other <input type="text"/>

PROPERTY			
Property Size	<input type="checkbox"/> >2 acres	No. Hectares	<input type="text"/>
Cyclone Area Compliant with Building Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neighbourhood Watch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Farming activities or farm animals on property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wharf, Jetty or Pontoon	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Pool Cover/Solar Cover	
Type Of Dwelling	<input type="checkbox"/> Unit / Flat	Which Level is your Unit	<input type="text"/>
		<input type="checkbox"/> Detached House	
Number of Units	<input type="text"/>	Number of Pools	<input type="text"/>
		Number of Lifts	<input type="text"/>

OCCUPANCY			
Currently occupied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Tenants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holiday Letting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Rental Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is rent up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No	1-2 night letting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Short Term Rentals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Long Term Rentals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Property Managed by a licensed property manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multi Tenancy Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Contact Details of Property Manager:		If Yes to Multi Tenancy number of rooms let?	<input type="text"/>
Name	<input type="text"/>	Contact Details	<input type="text"/>

SUMS INSURED	
Building including all permanent structures	\$ <input type="text"/>
Contents	\$ <input type="text"/>
Specified Contents (at home cover only) – Please attach list if required.	1) <input type="text"/> \$ <input type="text"/>
	2) <input type="text"/> \$ <input type="text"/>
	3) <input type="text"/> \$ <input type="text"/>
	4) <input type="text"/> \$ <input type="text"/>
	5) <input type="text"/> \$ <input type="text"/>
Total of Specified Contents	\$ <input type="text"/>
Is loss of Rent Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weekly Rental	\$ <input type="text"/>
Is Rent Default Tenant Damage Required? (only available when a written rental agreement is in place)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liability	<input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000

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"/>
Due Date	<input type="text"/>		

QUESTIONNAIRE	
All questions must be answered by and in respect of each of the applicants. If insufficient space, please provide additional details on a separate page.	
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
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 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.			
Signature of Applicant	<input type="text"/>	Date	<input type="text"/>
Signature of Applicant	<input type="text"/>	Date	<input type="text"/>