



Home Proposal

Insurance Company:		Policy Number:
Insured 1.		
Title		
First Name		
Middle Initial(s)		
Surname		
Date of Birth		

Insured 2.		
Title		
First Name		
Middle Initial(s)		
Surname		
Date of Birth		

Is the home shared with anyone who is not a member of the family Yes No

Risk Address:			
	Post Code:		
Phone Numbers:			
Any other Interested Parties?			
Name			
Address			
	Post Code:		

Postal Address:			
	Post Code:		
Start Date:		Expiry Date:	

Type of Cover	
<input type="checkbox"/> Defined Events	<input type="checkbox"/> Landlord
<input type="checkbox"/> Accidental Damage	

Is the home watertight, structurally sound and well maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property un-furnished or likely to be un-furnished for more than 30 days during the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any part of the home used or leased for business or trade purposes, or attached to any commercial premises?	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, Details:
In the last 5 years, has there been any- ~ theft or attempted theft ~ loss or damage involving building, contents or valuables?	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, Details:



In the last 5 years, has any - ~ insurance been declined or cancelled? ~ Renewal been refused? ~ Special conditions/excess been imposed? ~ Claims been rejected?	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, Details:
In the last 5 years, have any of the applicants (or any person who would receive insurance protection under this policy) been convicted of any offences involving:- ~ actual or threatened damage to property? ~ Fraud? ~ Theft? ~ Drugs? ~ Dishonesty of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, Details:
If Yes to the above, please provide the details;	

Type of home <input type="checkbox"/> Private Residential House <input type="checkbox"/> Ground Floor Home Unit <input type="checkbox"/> Home Unit - Not Ground Floor <input type="checkbox"/> Strata Title Unit Block		<input type="checkbox"/> Villa / Townhouse <input type="checkbox"/> Weekender / Holiday Home <input type="checkbox"/> In Course of Construction <input type="checkbox"/> Mortgage Protection	
Construction <input type="checkbox"/> Brick <input type="checkbox"/> Fibro <input type="checkbox"/> Timber		<input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other	
Occupancy <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rented by Tenant (Landlord Policy) <input type="checkbox"/> Rented by Insured (Rental)		<input type="checkbox"/> Unoccupied <input type="checkbox"/> Unoccupied 60+ days	

Age of Home		Duration of Occupancy	
Insured's Year of Birth		Retired: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sums Insured		
House	Building	\$
Contents	Unspecified	\$
	Specified	\$
Details of Specified Contents: Make, Model, Description etc:		
Landlords Fixtures/Fittings		
Loss of Rent		



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Valuables / Jewellery?	Specified	\$
	Unspecified	\$

Security

- Back to Base Alarm? Yes No
- Deadlocks on all External Doors? Yes No
- Local Alarm System? Yes No
- Keyed Window Locks on all External Windows? Yes No

Have you previously experienced or are you aware of any flooding or drainage problems at this address ?

YES or NO

Please circle the correct answer

If yes please advise;

Declaration

This declaration applies to all the insurance you are applying for in this proposal.

I declare that I have:

- received a copy of the policy wording;
- read the information concerning the duty of disclosure and other important notices;
- answered every question fully and frankly;
- either completed this proposal form personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.
- If anything happens during the period of insurance which alters any of the information I have provided, I will promptly inform the Insurer / Insurance Broker
- I realise that if I have not complied with my duty of disclosure my claim may not be met.

By signing the proposal I authorise my Insurer to:

- obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;
- refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied.
- I acknowledge that I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use, and disclosure of personal and sensitive information of all persons covered by this proposal.

Note: Please be aware that our ability to check and verify information does not relieve you of your obligation to disclose the truth to us.

Signature

Date