

Commercial Landlord Insurance Proposal

Insured Details

Insured Name			
ABN			
Situation of Insured Property			
Mailing Address			
Period of Insurance		To	

Property Details

Wall Construction		Floor Construction		Roof Construction	
Year Built		Is any part of the building heritage listed? (Yes/No)			
Type of Unit	<input type="checkbox"/> Office <input type="checkbox"/> Factory <input type="checkbox"/> Retail Shop <input type="checkbox"/> Other (please specify) _____				
Occupation of tenants					

Cover Required

Property Cover (Please specify limit)	\$	
Loss of Rent (Please specify limit)	\$	
Theft (Please specify limit)	\$	
Glass (Please specify limit)	\$	
Liability (Please specify limit)	\$	

Your Details

Mr / Mrs / Miss / Ms	First Name		Last Name	
Job Title				
Company				
Telephone		Facsimile		
Mobile		E-mail		

Please turn over.....

Your Duty of Disclosure

What do you need to tell us

You must tell us anything that you know or should know could affect our decision to insure you. You must do this when you apply for a policy, renew your policy or when you change or reinstate your policy. These requirements are part of the Insurance Contracts Act 1984.

What you do not need to tell us

You do not need to tell us anything that:

- Reduces our risk.
- Is of common knowledge.
- We know, or as an insurer should know.
- We indicate that we do not want to know.

What will happen if you do not tell us

We can reduce the amount we pay you for your claim, or we can cancel your policy. If your failure to tell us is fraudulent, we can treat your policy as if it never existed.

Some things you should note

- The policy you are applying for will not provide any insurance cover for anything that may have happened before the policy started.
- This policy does not cover damage caused by flood. The policy wording tells you what is flood.
- You must pay the excess when a claim occurs. The policy wording tells you what is an excess.
- The insurance cover you are applying for starts when we accept your application. The commencement date of your insurance will be shown on the schedule we send you. We have the right not to accept your insurance application.
- You should read and consider the Product Disclosure Statement prior to purchasing this insurance. Copies are available upon request.

Duty of Disclosure Details

Have you had any claims in the last 3 years? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the insurance on this risk ever been declined or had special terms imposed? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the premises occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any hazards/defects associated with the property? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Insurer	<input type="text"/>	
Current Excess	\$ <input type="text"/>	

Signature of Proposer(s):

Date:

OFFICE USE ONLY	AUTHORISED 1:	<input type="text"/>	W/C PN:	<input type="text"/>
	AUTHORISED 2:	<input type="text"/>	CID PN:	<input type="text"/>