

Landlord Insurance Quotation

Please complete and return this form and we will be back to you within 48 hours.

Insured Details

Surname First name DOB

Email Phone Retired ☐ Yes ☐ No

Postal Address Postcode

Insured risk address Postcode

Sums insured

Sum Insured: Building \$ Contents \$ Valuables \$

Construction and security

Year of construction Building type: ☐ Home ☐ Unit ☐ Other Construction type: ☐ Brick ☐ Timber ☐ Other

If other: If Other:

Security:

☐ Back-to-base alarm ☐ Window bars/grills ☐ Deadlocks doors

☐ Keyed Window locks ☐ Fixed safe ☐ Local alarm

Weekly rent

Is the property managed by a real estate ☐ Yes ☐ No

Is malicious damage required ☐ Yes ☐ No

Is rent default/theft by tenant required ☐ Yes ☐ No

Is accidental damage required ☐ Yes ☐ No

Have you had any claims in the past 5 years? ☐ Yes ☐ No

Please provide details of claims

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Signature Date

Can we help you with a quote on:

☐ Motor Vehicle ☐ Boat ☐ Caravan ☐ Life Insurance ☐ Business Insurance