

AIS – FACT FINDER DOMESTIC / LANDLORDS

DATE:

Advice Required – Specific General

Source – Yellow Pages Counter Referral Existing Customer By:

Applicant 1.			
Name:			
Date of Birth:			
Over 55 & Retired: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Home Phone:		Work Phone:	
Location:		P/C:	Approx. Age:
Postal Address same as above <input type="checkbox"/> or:		P/C:	

Applicant 2.			
Name:			
Date of Birth:			
Over 55 & Retired: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Home Phone:		Work Phone:	
Current Insurer:	Current Broker:		Expiry Date:
Policy Cover: Defined Events <input type="checkbox"/>	Accidental Damage <input type="checkbox"/>	Landlords <input type="checkbox"/>	Prestige <input type="checkbox"/>

SUM INSURED

Size of Building:

Building: \$		Contents: \$	
Specified Valuables in the Home: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Item	\$	Item	\$

Total:

Personal Valuables outside the Home: YES NO

Specified Items

Description:		Value
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Unspecified Items: YES NO Sum Insured: \$

Limit any one item \$ Total:\$

Domestic Workers: YES NO Number of workers:

Landlords Insurance: Weekly Rental: \$

Malicious Damage By Tenant YES NO Tenant Default YES NO

--

INSURED PROPERTY DETAILS

Dwelling Type: Home <input type="checkbox"/> Holiday Home <input type="checkbox"/> Home Unit <input type="checkbox"/> Town House <input type="checkbox"/> Duplex <input type="checkbox"/> Flat <input type="checkbox"/>
Occupant Type: Client <input type="checkbox"/> Tenant <input type="checkbox"/> Other: <input type="checkbox"/>
Construction: Double Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Concrete <input type="checkbox"/> Fibro <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/>
Fire Protection:

BURGLARY PROTECTION

Deadlocks on all external Doors	YES <input type="checkbox"/> NO <input type="checkbox"/>	Back to Base Alarm	YES <input type="checkbox"/> NO <input type="checkbox"/>
Keyed window Locks on all windows	YES <input type="checkbox"/> NO <input type="checkbox"/>	Local Alarm System	YES <input type="checkbox"/> NO <input type="checkbox"/>
Bars or grills on all accessible windows	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the property on more than 10 acres?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Electronic Surveillance key or card to common areas	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the property used for Business use? If yes what type of Business?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Live in Manage / Caretaker	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the property occupied	YES <input type="checkbox"/> NO <input type="checkbox"/>
Safe or other system (please describe)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Will the home be unoccupied more than 60 days	YES <input type="checkbox"/> NO <input type="checkbox"/>

INTERESTED PARTIES

Mortgage 1	Name	
	Address	
Mortgage 2	Name	
	Address	

Has any insurer in respect of any insurance policy held by you, your partner	
(a) Refused to renew/ cancelled or terminated a policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(b) Refused a claim or required an increased premium under the policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(c) Imposed special conditions under the policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(d) Have you been convicted any criminal offence or been declared bankrupt?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(f) Have you had any Claims in the past 5 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES to any of the above , please give details below.	