

Contents Insurance Quotation Form

Contents Insurance		
Name(s) of owner:		
Postal Address:		
Date of Birth(s):		
Phone Number(s):		
Email Address:		
Property Address: (if different from postal address)		
Settlement / Start Date:		
Sum Insured:	\$	
Specified Items:	1	Value \$:
Laptop computers, tablets, over \$5,000	2	Value \$:
Hearing aids or sets of hearing aids over \$5,000	3	Value \$:
Jewellery over \$3,000 or if all jewellery is greater than \$15,000	4	Value \$:
	5	Value \$:
Photographic, digital, and video camera equipment over \$3,000	Additional items to be specified:	
Bicycles, kayaks, surf boards, surf skis, kite surfers, paddle boards or windsurfers over \$3,000		
Owner Occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professionally installed alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
House insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Claim Free for last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, specify:	
Contents Excess Options (Please tick one)	<input type="checkbox"/> \$250 <input type="checkbox"/> \$350 <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,100 • Additional excess may apply	