

House Insurance Quotation Form

House Insurance			
Name(s) of owner:			
Postal Address			
Date of Birth(s)			
Phone Number(s)			
Email Address			
Property Address to be insured			
Settlement / Start Date			
Lender 1st Mortgagee		Lender 2nd Mortgagee	
Sum Insured: (If not specified, \$2,500/m2 default will apply)	\$	No. of Dwellings	
Floor Area (m2):		Year of Built	
Roof Materials		Building Materials	
Owner Occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landlords Extension Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Town water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buit prior to 1945?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lifestyle Property?	<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:	
Is the property being identified at risk from a natural hazard, e.g. flooding, inundation, or landslip?	If yes, specify:		
Is there any swimming pool, spa pool or retaining walls on the property? If so specify the rebuilt value	If yes, specify:		
House Excess Options (please tick one)			