

## Extra Care and Elite Care

Home and Contents

Insurance Application



# Extra Care and Elite Care Home and Contents Insurance

## Application Form

### Important Information

#### Product Disclosure Statement

This application is for Calliden Insurance Limited Extra Care or Elite Care Home and Contents insurance. Please read the applicable product disclosure statement (PDS) prior to completing this application form.

#### General Insurance Code of Practice

Calliden is a signatory to the General Insurance Code of Practice (Code). The Code aims to raise standards of service between insurers and their customers. Calliden's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact us or the Financial Ombudsman Service on 1300 78 08 08 or look at [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

#### Your Duty of Disclosure

Whether you are entering into a policy for the first time or are proposing to renew, vary, extend or reinstate a policy you have a duty of disclosure:

##### Your Duty of Disclosure for new policies

When answering our questions you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in the answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

##### Your Duty of Disclosure for renewals

If you have already entered into a policy and you are proposing to renew, vary, extend or reinstate the policy your duty of disclosure changes. You have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

##### Who needs to tell us?

It is important that you understand you are answering our questions in this way for yourself and anyone else that you want to be covered by the policy.

##### What you are not required to disclose:

Your duty does not require disclosure of matters that:

- reduce the risk
- are common knowledge
- we know or, in the ordinary course of our business, ought to know, and
- we have indicated we do not want to know.

##### If you do not tell us

If you do not answer our questions in this way or disclose everything you know, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat this policy as never having been in force.

##### Privacy Statement

The information collected on this application form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden authorises its broker to collect this information on Calliden's behalf. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at [www.calliden.com.au](http://www.calliden.com.au)
- by phone 02 9551 1111
- by email to [privacy@calliden.com.au](mailto:privacy@calliden.com.au)
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565.

### Form Completion

Please answer all questions. Please tick (✓) appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete your answer on a separate sheet of paper and attach it to the application form.

### Type Of Cover

Which type of cover have you chosen?

Extra Care (Defined Events)

Elite Care (Accidental Damage)\*

\*(only available for owner occupied properties)

Note: Landlords Insurance application form should be used for tenanted property.

### Applicant Details

For each applicant, please complete a separate box.

For third and subsequent applicants please enclose details on a separate sheet.

#### Applicant 1

Title

Mr  Mrs  Miss  Ms  Dr Other

Given Names

Surname

Occupation

Date of Birth

/  /

Telephone – Work

Telephone – Home

Preferred Contact Day

Preferred Contact Time

am/pm

Email Address

#### Applicant 2

Title

Mr  Mrs  Miss  Ms  Dr Other

Given Names

Surname

Occupation

Date of Birth

/  /

Telephone – Work

Telephone – Home

Preferred Contact Day

Preferred Contact Time

Email Address

## Period of Insurance

From

 /  / 

To 4pm

 /  / 

Do you have an existing policy or a cover note?

No  Yes

If yes, existing Policy or Cover Note number

Date of Expiry

 /  / 

## Details Of Your Home

What is the address of the home/contents you wish to insure?

Suburb

State

  

Postcode

   

What is your postal address for correspondence? (If same, write "as above")

Suburb

State

  

Postcode

   

Do you own the home?

No  Yes

Does anyone have a mortgage over the home?

No  Yes

1st Mortgagee – Name of company

Address

Suburb

State

  

Postcode

   

2nd Mortgagee – Name of company

Address

Suburb

State

  

Postcode

   

Who lives in the home?

You as the owner(s)

Family members

The home is unoccupied

Date when will be occupied

 /  / 

The home is under construction

Period of construction

 /  / 

to

 /  / 

Does the land area exceed 2 hectares (5 acres)?

No  If Yes

What is the land area?

Do you run any form of farming or business from your property?

No  Yes

Is mains pressure town water connected?

No  Yes

Are there any dams or lakes on the property?

No  Yes

Do you keep any livestock or animals on your property?

No  Yes

What type of home is it?

House, villa or townhouse

Holiday home

Flat or unit.

Which floor/level is it located on?

What is the size of your home?

Number of square metres

OR

Number of square feet

What are the walls made of?

Solid brick  Timber  Brick veneer  Cement sheet  Other

Do the walls or roof of the building contain asbestos? No  Yes

Do you consider the structure to be sound and well maintained? No  Yes

What is the age of your home?  years

If your home is brick and over 80 years old or timber and over 50 years old, has it been totally re-wired within the last 25 years?

No  Yes  N/A

If not totally re-wired, please attach an electrical contractor's certificate of safety, or cover will be declined.

Does the building have a National Trust Classification?

No  Yes

What protection is installed at your home?

Double cylinder deadlocks on all external hinged doors and key operated patio bolts on any external sliding doors

All windows key locked

Bars/grilles on windows

Local burglar alarm

Back to base or monitored burglar alarm

Other

## Section 1 Home Insurance

Do you want to insure your home building?

No  Go to Section 2

Yes  Please calculate the value of your buildings below.

**Note:** To be fully insured it is essential your sum insured represents the full replacement value of your buildings. Your sum insured will automatically be adjusted each year. Your Renewal Invitation will show your increased cover.

Size	Cost		Replacement Value
<input type="text"/>	x <input type="text"/>	=	<input type="text"/>
			<input type="text"/>
Add costs for fences, gates, paving, inground pool, spa, sauna, garage, shed, external blinds etc.			<input type="text"/>
Allowance for removal of debris, architect's fees, permits etc.			<input type="text"/>
<b>Total Building Replacement Value</b>			<input type="text"/>

## Section 2 Home Contents Insurance

Do you want to insure the contents of your home?

No  Go to Section 3

Yes

If you insure your Home with us and also insure your Home Contents under the one policy you will receive a 10% premium discount. Calliden Insurance Limited Extra Care and Elite Care both cover you for the full cost of replacement (new for old) for most items.

### (a) Contents

Contents includes your furniture, bedding, electrical appliances, entertainment equipment, crockery, books, clothing, personal effects and the contents of your garden shed and garage. (Please refer to the PDS)

**Please write the value of your Home Contents at the bottom of this page.**

**Note:** To be fully insured it is essential your sum insured represents the full replacement value of your contents.

Your sum insured will automatically be adjusted each year. Your Renewal Invitation will show your increased cover.

### (b) Specified Contents

The policies limit the amount we pay for the following while at the site:

- computers and home office equipment up to \$15,000;
- jewellery, furs, gold or silver objects up to \$2,500 per item or set and up to 25% of the sum insured in total;
- collections up to \$5,000 per collection and up to 25% of the sum insured in total;
- antique items (excluding furniture), curios, pictures and works of art, tapestries and rugs up to \$5,000 any one item (Extra)/\$10,000 (Elite).

If you have any of the items above and you wish to insure them for more than the item limits shown you must list them below. You must also attach to this application a valuation not more than five years old or a receipt of purchase.

Please list your Specified Items:

(Tools or equipment used for your occupation or business, other than computers and home office equipment, cannot be covered as a specified item).

Description/Make/Model	Replacement Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
(b) Value of Specified Items	\$ <input type="text"/>
(a) Value of Home Contents	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
<b>Total Contents Replacement Value</b>	\$ <input type="text"/>

### Section 3 Personal Property Insurance

You may only select this option if you are insuring your Home Contents (Section 2). Please see the PDS for the items covered. Personal Property Insurance covers you for **accidental loss or damage to the insured property anywhere in Australia and New Zealand. This cover extends worldwide for up to 30 days with Extra Care, and worldwide for the duration of the policy with Elite Care.**

There are two types of Personal Property Insurance. You may choose to take out both cover types. An excess applies to both cover types.

#### (a) Unspecified Personal Property

You do not need to nominate the items insured.

Do you require Unspecified Personal Property Insurance? No  Go to Section 3(b) Yes

Please select the cover you require.

\$3,000 total limit of cover, \$1,000 per item

\$5,000 total limit of cover, \$1,000 per item

#### (b) Specified Personal Property

If any item that you wish to cover exceeds the limit for Unspecified Personal Property, then you may choose to insure it as Specified Personal Property.

You must nominate the sum insured for each item. You must also attach to this application a valuation not more than five years old or a receipt of purchase for items valued in excess of \$2,500. We also recommend that you supply a photograph of your valuable items to us for safekeeping.

Do you require Specified Personal Property Insurance? No  Go to Section 4 Yes

Please list your Specified Personal Property Items:

(Any tools, photographic and musical equipment, computers or mobile phones used for your occupation or business will not be covered.)

Description/Make/Model	Replacement Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<b>Total Specified Personal Property Replacement Value</b>	<b>\$ <input type="text"/></b>

### Section 4 Legal Liability Insurance

This section is automatically included and is free of charge with Home and/or Contents Insurance. This covers compensation for death or bodily injury or illness to any person or for loss or damage to property, subject to policy limitations and exclusions. The cover is \$20 million for both Extra Care and Elite Care.

## Additional Questions

### All of the following questions must be answered.

1. Do you believe that the sums insured would adequately cover you for a total loss?

No  Please recalculate the sums insured.

Yes

2. Have you, your spouse, partner, any other family member residing permanently with you; or if a corporation any of its directors proposed to be insured under this policy, either alone or jointly:

(i) had any insurance declined, cancelled or refused renewal, had any special condition/warranty imposed, or been required to pay an increased premium or excess in the past 5 years?

No  Yes  Please give details


(ii) suffered any loss, destruction or damage and/or made a claim on any insurer for any event whether insured or otherwise, in relation to home, home contents, business, personal valuables or legal liability in the past 5 years?

No  Yes  Please give details including name of insurer, amounts and relevant dates


(iii) been charged with or convicted of a criminal offence, entered into a good behaviour bond or do you have any charge pending for any criminal offence/s in the past 5 years?

No  Yes  Please give details


(iv) been declared bankrupt in the past 5 years?

No  Yes  Date  /  /

3. Has your home or the area within 250 meters of the home ever been affected by flooding? Or, is the home within 250 meters of any named natural water course?

No  Yes  Please give details


4. Is your Home and/or Contents Insurance currently with another insurer?

No  Yes

Name of Insurer - Home

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Policy Number

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Expiry Date

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Name of Insurer - Contents

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Policy Number

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Expiry Date

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## Excess

An excess is the amount you have to pay if you make a claim. The standard excess is \$300. Which excess do you choose?

\$300       \$500       \$1,000

The premium payable will depend on the excess you choose. The higher the excess, the lower your premium.

**Note:** A compulsory excess of \$50 applies to Personal Property Insurance (Section 3). On some Personal Property items a \$100 excess applies.

In addition to the standard excess, the following excesses apply. \$200 additional excess for earthquake and an additional \$2,000 excess applies for flood.

## Payment Details

I/we wish to pay:

(1) The full amount:

cheque enclosed

credit card

Amex

Diners Club

Mastercard

Visa

Card number

Expiry Date

Amount

/  /  \$

Signature

(2) By Direct Debit  (Please complete Direct Debit Request Form)

## Declaration

"I/we have read the duty of disclosure included in this application form. I/we confirm that the answers and statements in this application are correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

I/we acknowledge that the personal information Calliden Insurance Limited collects from me/us is collected for the purpose of processing this application, fulfilling Calliden Insurance's obligations in providing services to me/us, for the development of products and services, and to allow the Calliden Group to market products and services. If I/we do not provide relevant information, I/we acknowledge that Calliden Insurance Limited may be unable to process my/our application. I/we acknowledge that information may be disclosed to:

- intermediaries through which I/we deal with Calliden Insurance Limited (for instance an agent, representative or financial advisor);
- claims assessment participants (for instance an assessor, investigator and/or loss adjuster, or debt recovery agent);
- other reputable service providers (for instance mail houses);
- underwriters, who are responsible for part/all of the risk under a contract of insurance.

I/we understand that Calliden Insurance Limited may give to or obtain from other insurers and/or Insurance Reference Services information from this application and claims information obtained through the course of this contract.

By signing this application form, I/we consent to the Calliden Insurance collecting and using this information for these purposes. This is subject to my/our right to opt out of receiving various direct marketing material at any time.

I/we acknowledge that I/we have rights to access our personal information held by Calliden Insurance Limited in accordance with the National Privacy Principles. I/we understand that this insurance does not operate until acceptance of this application in writing by Calliden Insurance Limited (except for any cover provided under an interim contract of insurance)."

Applicant 1 – Signature

Date

/  /

Applicant 2 – Signature

Date

/  /



1 0 1 - 2 0 5 - 1 0 2

## Office Use Only

Policy Number

Agency Number or Name

Quote Number

Corporate Number

Receipt Number

	Sum Insured	Policy Premium
Section 1 Home	\$ <input type="text"/>	\$ <input type="text"/>
Section 2 Home Contents	\$ <input type="text"/>	\$ <input type="text"/>

**Sub Total A**

**Plus Loadings**

**Sub Total B** (Sub Total A x Total Loadings) + Sub Total A

**Less Discounts**

**Sub Total C** Sub Total B - (Sub Total B x Total Discounts)

**Plus or Less** Excess Allowance

**Base Premium** Sub Total C + or - Excess Allowance

**Fire Services Levy**

**GST** (Applies to Base + FSL)

**Stamp Duty** (Applies to Base + FSL + GST)

**Total Home & Contents Premium** Base Premium + FSL + GST + Stamp Duty

**Personal Property Premium**

Obtain rate, apply loadings & discounts as per the above sequence to arrive at base rate, then add GST and stamp duty for total.

Personal Property

Add GST & stamp duty



**POLICY TOTAL**

Home + Contents + Personal Property

Signature of Underwriter

Date

**Calliden Insurance Limited**

ABN 47 004 125 268

AFS Licence No. 234438

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powered by  
**calliden**

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