

Landlords Insurance Application

Landlords Insurance

Application Form

Important Information

Product Disclosure Statement

This application is for Calliden Landlords Insurance. Please read the 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

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
- by phone 02 9551 1111
- by email to 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.

Applicant Details

Applicant 1

Surname or Company Name

Given Names

Date of Birth

Postal Address for correspondence

Suburb

State

Postcode

Telephone – Private

Telephone – Business

Agent/Representative

Applicant 2

Surname or Company Name

Given Names

Date of Birth

Postal Address for correspondence

Suburb

State

Postcode

Telephone – Private

Telephone – Business

Agent/Representative

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 the Home

Address of the property and/or contents to be insured

Suburb

State

Postcode

Does anyone have a mortgage over the home?

No Yes

Mortgagee - Name of company

Address

Suburb

State

Postcode

Is the property unoccupied?

No Yes

Date when will be occupied

 / /

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

No Yes

What is the land area

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 building is it?

House Townhouse or villa Multi-storey flat or unit.

Which floor/level is it located on?

What is the size of your building?

Number of square metres

Number of square feet

OR

What are the external 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 no, please attach an electrical contractors certificate of safety, or cover will be declined.

Does the building have a National Trust Classification?

No Yes

Is any part of the property used for business, trade or professional purposes?

No Yes

What protection is installed at the property?

- 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

Is the building sprinklered?

No Yes

Is the building part of a strata title?

No Yes

How many units in the strata title?

Is the property subject to a 'rent to buy' or 'vendors terms' agreement?

No Yes Unable to offer cover

Section 1 Landlords Building Insurance

Do you want to insure the building?

No Go to Section 2

Yes Please calculate the value of your building below.

Note: To be fully insured it is essential your sum insured represents the full replacement value of your building. 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"/>
Add costs for fences, gates, paving, inground pool, spa, sauna, garage, shed, external blinds etc.			<input type="text"/>
Add costs for carpets, curtains, internal blinds & light fittings if leased on an unfurnished basis (max \$10,000)			<input type="text"/>
Total Building Replacement Value			<input type="text"/>

Section 2 Landlords Contents Insurance

Do you want to insure your contents in the building?

No Go to Section 3

Yes

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.

Total Contents Replacement Value	<input type="text"/>
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Section 3 Loss of Rent Insurance

Is the property subject to a 12 month or more Lease/Rental Agreement?

No Unable to offer cover.

Yes From / / To / /

Name of Managing Agent

There are 2 options available:

1. Basic Cover

We pay for the loss of rent if your rental property becomes uninhabitable as a result of an insured event.

Do you require Basic Cover?

No Go to Section 4

Yes What is the weekly rental amount? \$ per week

2. Extended Cover

Extended Cover is only available if Basic Cover is taken.

Do you require Extended Cover?

No Go to section 4

Yes

We pay for the loss of rent when:

- your tenant defaults on rent payments due under the lease or rental agreement; or
- your tenant vacates your rental property without giving the required notice; or
- your tenant is legally evicted from your rental property; or
- your lease or rental agreement is legally terminated by the relevant authority on the grounds of hardship on the part of your tenant.

This benefit covers the weekly rental amount stated in your lease or rental agreement and shown on your policy schedule:

- for a period of up to 15 weeks; or
- up to \$10,000

whichever is the lesser.

Section 4 Legal Liability Insurance

This section is automatically included free of charge with Landlords Building Insurance or Landlords 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 for \$20 million.

Excess

An excess is the amount you have to pay if you make a claim.

Sections 1 & 2, Section 3 – Basic Cover and Section 4

The standard excess is \$300. In addition to the standard excess, the following excesses apply. \$400 additional excess for malicious damage or theft by tenants, a \$200 additional excess for earthquake and an additional \$2,000 excess applies for flood.

Do you require a higher standard excess, which will reduce your premium?

No \$500 \$1,000

Section 3 – Extended Cover

If you make a claim under Section 3 – Extended Cover, the excess is 4 weeks rent.

Additional Questions

All of the following questions must be answered.

1. Have you, your partners, any other office-holders; 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 last 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 the past 5 years?

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

(iii) been charged with, 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 below

(iv) been declared bankrupt or entered into any scheme or arrangement with your creditors in the past 5 years?

No Yes Date / / Please give details below

2. 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

3. Is the property currently insured with another insurer?

No Yes

Name of Insurer – Building

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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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Payment Details

I/we wish to pay:

(1) The full amount:

- cheque enclosed
 credit card

- Amex Diners Club Mastercard Visa

Card number

<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"/>
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Expiry Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Amount

<input type="text"/>	\$	<input type="text"/>
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Signature

<input type="text"/>

(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 collects from me/us is collected for the purpose of processing this application, fulfilling Calliden'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 may be unable to process my/our application. I/we acknowledge that information may be disclosed to:

- intermediaries through which I/we deal with (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 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 Group 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 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 (except for any cover provided under an interim contract of insurance)."

Applicant 1 – Signature

<input type="text"/>

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Applicant 2 – Signature

<input type="text"/>

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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1 0 1 - 2 0 5 - 1 0 3

Office Use Only

Policy Number

Agency Number or Name

Quote Number

Corporate Number

Receipt Number

Section 1 Buildings

Sum Insured

Policy Premium (No FSL applicable)

Policy Premium (FSL applicable)

Section 2 Contents

Sum Insured

Policy Premium (No FSL applicable)

Policy Premium (FSL applicable)

Section 3 Loss of Rent

Basic Cover

Sum Insured

Policy Premium (No FSL applicable)

Policy Premium (FSL applicable)

Extended Cover

Sum Insured

Policy Premium (No FSL applicable)

Policy Premium (FSL applicable)

Sub Total A

Plus Loadings

Vic Groups 1 or 5 and all Tas Groups where construction is not brick or concrete

Other (specify)

Sub Total B

Less Discounts

Percentage

Combined Policy

No Claim Bonus

Sprinklered Premises

Other (Specify)

Sub Total C

Fire Services Levy

GST

Stamp Duty

(A)

(B)

Total

Total Premium (A) & (B)

Signature of Underwriter

Date

powered by
calliden

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AFS Licence No. 234438

www.calliden.com.au

