

**landlords residential**  
property insurance  
application



**landlords residential**

Please read the following information before you complete the application.

Keep this information for your records.

Please read and keep the product disclosure statement and policy booklet for this insurance.

## What you must tell us when you apply to take out this policy

When applying to take out insurance we will ask you certain questions. When answering these questions, you must be honest, and you have a duty under the *Insurance Contracts Act 1984* to tell us anything:

- ◆ known to you, and
- ◆ which a reasonable person in the circumstances, would include in answer to any question.

We will use your answers to help us decide whether to insure you and anyone else under this policy, and on what terms.

## Who you are answering the questions for

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

## If you do not answer our questions in this way

If you do not answer our questions in this way, 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 the policy as never being in place.

Your duty does not require disclosure of anything that:

- ◆ diminishes the risk to be undertaken by us
- ◆ is of common knowledge
- ◆ we know or, in the ordinary course of business, ought to know, or
- ◆ is a matter that we indicate your duty has been waived by us.

## If you do not comply with your duty of disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim, or we may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

## Some things you should note

- ◆ The policy you are applying for will not provide any insurance cover for anything that may have happened before the policy started.
- ◆ This policy does not cover damage caused by flood. Please refer to the product disclosure statement and policy for the definition of flood.
- ◆ You must pay the excess when a claim occurs. Please refer to the product disclosure statement and policy for the definition of excess. Your excess will apply for each separate incident we have identified.
- ◆ The insurance cover you are applying for starts when we accept your application. The commencement date of your insurance will be shown on the schedule we send you. We have the right not to accept your application.
- ◆ Insurance Australia Limited trading as CGU Workers' Compensation is the insurer for Domestic Workers' Compensation if your situation is in Western Australia, Tasmania or Northern Territory. Our Australian Business number is 11 000 016 722.

When complete, please forward this application to:

- CGU Insurance, GPO Box 9902 in the capital city of your state or
  - your Insurance adviser or
  - your local CGU Insurance office.

# Landlords Residential Property Insurance Application

Please answer all questions. This will help us to process your application quickly.  
If you need more space to answer any of the questions, please use a separate sheet of paper.  
Any attachments will form part of this application and the declaration will include them.

## Period of insurance

The date you would like your policy to start

 /  / 

The expiry date of your policy will be 4.00 p.m. on

 /  / 

## Excess:

What excess do you want for Buildings and Contents? \$100 ☐ \$50 ☐.

(This is the amount you pay when you make a claim)

Additional excesses apply for claims for Earthquake or Tsunami, a Deliberate or Intentional Act, Vandalism or a Malicious Act by a tenant or their visitors, Rent Default and Theft by a Tenant. Refer to your Product Disclosure Statement and Policy booklet for more information.

## CGU Insurance use only

Policy no.

 0 : 6 : L : : : : : : : :

Account no.

 : : : : : : : :

Account name

Acceptance



## Applicant(s) details

### 1. Surname

Given name(s)

Date of birth

 /  / 

Driver's licence no.

Occupation

Private telephone no.

 ( ) 

Business telephone no.

 ( ) 

### 2. Surname

Given name(s)

Date of birth

 /  / 

Driver's licence no.

Occupation

Private telephone no.

 ( ) 

Business telephone no.

 ( ) 

Where do we send your mail?

 Postcode

What is the address of the property you want to insure?

 Postcode

Is the property subject to any financial arrangement?

No ☐ Yes ☐ Lender's name and address

 Postcode

## Building details

What type of building is it?

Private house ☐

Unit or flat ☐

How many units or flats are in the building?

Other — Please specify

How many units or flats do you want to insure?

Will your building be unoccupied for more than 60 continuous days?

No ☐

Yes ☐

What is the unoccupancy period?

Start date

 /  / 

End date

 /  / 

What are the external walls of your building made of?

Brick ☐

Wood ☐

Fibro ☐

Other — Please specify

Year of construction

Is the building classified as an Historical Building or listed by the National Trust?

No ☐

Yes ☐

**Building details**

Do you want cover for:

- a) Replacement benefit? Yes ☐ What is the replacement cost of your building?  
OR
- b) Market value? Yes ☐ What is the market value of your building?  
OR
- c) Strata Title Mortgagee Protection? Yes ☐ What is the amount of cover required?  
(Only available if the Building is a unit or flat)

**\$ Sum  
Insured****\$ Premium  
Payable****Contents details**

Please list any contents items over \$20,000 that you want covered.

(If more than 3 items,  
attach a list describing  
each extra item and  
its value)

1.	
2.	
3.	
<b>Total of listed items</b>	

What is the replacement cost of all other contents?

**Loss of rent**

What is the amount of loss of rent you want to insure? (annual total)

**Rent Default and Theft by a Tenant**Do you require Rent Default and Theft by a Tenant cover? No ☐ Yes ☐**Liability**

Please tick the amount of cover required. \$5,000,000 ☐ OR \$10,000,000 ☐ OR  
\$15,000,000 ☐ OR \$20,000,000 ☐

Are there any swimming pools and/or spas for which you are liable?

No ☐ Yes ☐ How many? 

Are there any lifts, escalators or hoists for which you are liable?

No ☐ Yes ☐ How many? **Workers' Compensation (Available in NT, WA and Tas. only)****Note:** For details regarding who the insurer is for Workers' Compensation, please refer to the product disclosure statement and policy booklet under 'The insurer'.Have you read and understood this statement? No ☐ Yes ☐Do you employ any persons in connection with owning, operating and/or managing the building(s) (including a permanent caretaker)? No ☐ Yes ☐

State their occupations

Estimated annual salary or wages

	\$
	\$

Some circumstances make Workers' Compensation compulsory if you have employees (if unsure check with your local Workers' Compensation Authority).

Is the estimated annual total amount of wages and salaries paid to anyone less than \$7,500? No ☐ Yes ☐

This policy will not cover persons engaged as employees for the purpose of work in relation to:

- Your private residence,
- Any other trade(s) or business(es) conducted by you,
- Any building work undertaken at the situation(s) insured by this policy where such work involves more than general maintenance.

**Total Amount Payable**  
(incl. Stamp Duty & Govt. charges)

\$

**Please turn over for further questions and sign the declaration**

Please tick (✓) Yes or No and give details as requested.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

9. Have any of the applicants or any person who will receive insurance cover under the proposed policy, been convicted of any criminal offences during the last 5 years?

If **Yes**, complete the following details.

Name of the person and date and details of the convictions.


10. Are there any exceptional circumstances or other facts relating to the risk to be insured that you have not already told us about, and that you know or should know may affect our decision to insure you?

If **Yes**, provide details.


11. If you do not wish to receive any marketing material directly from us (such as special offers and discounts) tick this box. ☐

**12. I/We declare that:**

- the information in this application is true and correct and I/We have not withheld any relevant information.
- the buildings and contents are in a sound state of repair and the sum insureds stated represent their full value.
- I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
- I/We have received and read the Landlords Residential Property Insurance product disclosure statement and policy booklet and agree to accept the insurance subject to the terms, conditions, exclusions and limitations of the policy.
- I/We acknowledge that I am/we are aware of the Duty of Disclosure and that I/we have complied with it in completing this application form.
- I/We acknowledge that the insurance applied for in this application will not become effective until the application is accepted by the issuer in writing.

I/We authorise CGU Insurance to collect or disclose any personal information relating to this insurance policy to/from any third party who you have been dealing with in respect to this insurance policy and who referred you to CGU Insurance, another insurer or an insurance reference service.

Signature of the Applicant

Date

 /  / 

Signature of the Applicant

Date

 /  / 

Please indicate the number of additional pages attached to this application



# Payment Authority

I wish to pay my premium by:

Credit card ☐ Please complete Sections A & B

Direct debit from my/our nominated account ☐ Please complete Sections A & C

Payment frequency: Monthly ☐ Yearly ☐

## Section A: My/Our details

Name/s

Address

<input type="text"/>	State	Postcode
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Business telephone no.

Private telephone no.

Policy no.

The person insured or to be insured under the Policy is:

me/us ☐ and/or ☐ the following person/s (as nominated by me/us):

By signing or otherwise providing my/our authorisation to this Payment Authority, I/we acknowledge and agree that:

1. this Payment Authority is governed by the terms and conditions of the Payment Service Agreement ('Agreement') provided to me/us. (A copy of the Agreement is attached. A further copy can be obtained by contacting CGU on the number provided on your policy schedule);
2. I am/we are bound by all of the terms and conditions of the Agreement; and
3. you may vary the amount and frequency of future debits to my credit card or nominated account (as applicable) and the Agreement by prior arrangement and advice to me/us in accordance with the terms of the Agreement.

## Section B: Payment by credit card

I/We authorise and request CGU Insurance Limited until further notice in writing, to debit my/our nominated credit card as detailed below, for any amounts due and payable to you under the insurance policy set out in Section A effected or to be effected, including by way of renewal, with you.

Please debit the following: Bankcard ☐ MasterCard ☐ Visa ☐

Card number

Expiry date

Name of bank or financial institution

Cardholder's name/s

Signature of cardholder

**Please Note:** Direct debiting to credit cards is governed by the Agreement but does not form part of procedures governed by the Bulk Electronic Clearing System. Debits to your credit card will be subject to the procedures detailed in your cardholder terms and conditions provided by your financial institution.

## Section C: Direct Debit request

I/We authorise and request CGU Insurance Limited until further notice in writing, to debit my/our nominated credit card as detailed below through the Bulk Electronic Clearing System, for any amounts due and payable to you under the insurance policy set out in Section A effected or to be effected, including by way of renewal, with you.

Name of bank or financial institution where the account held

Address of bank or financial institution

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account in the name/s of

BSB number

Account no.

Signature

Date

Signature

Date

If joint account, all signatures may be required.

**Please note:** Direct debiting is not available for all accounts. If in doubt, please contact your bank or financial institution.



*If you have chosen to pay by direct debit or by credit card, please keep this information for your records.*

## Payment Service Agreement

By Authorising the Payment Authority, you agree that we may arrange for Instalments in respect of the Policy to be paid from your nominated account or credit card under the terms of the Payment Authority and this Agreement. This Agreement is to be read in conjunction with the Policy and the Payment Authority.

### 1. WORDS THAT HAVE A SPECIAL MEANING IN THIS AGREEMENT

- 1.1 **'Account'** means the Financial Institution account or credit card account (as applicable) nominated by you in your Payment Authority.
- 1.2 **'Authorisation'** and **'Authorising'** means your binding authorisation and includes your signature, your request by telephone or your request by any written or electronic method.
- 1.3 **'Payment Authority'** means the authority and request given by you to us to debit Instalments to your Account.
- 1.4 **'Financial Institution'** means the bank or financial institution or credit card issuer nominated by you in your Payment Authority.
- 1.5 **'Instalment'** means each premium instalment payable to us under the terms of the Policy on the dates identified in the Premium Instalment Advice.
- 1.6 **'Intermediary Fees'** means the fees payable by the insured to an insurance intermediary in respect of effecting the Policy or amending the Policy, as notified by the insurance intermediary to CGU.
- 1.7 **'Policy'** means the contract of insurance effected with us by you or any other person as nominated by you in the Payment Authority in respect of which CGU permits payment by direct debit or credit card and any renewal of that contract of insurance. It includes the Premium Instalment Advice in respect of each such contract.
- 1.8 **'Premium Instalment Advice'** means the most recent premium instalment advice(s) provided or to be provided by us to the insured under the Policy, which sets out details of the Instalments and Instalment due dates.
- 1.9 **'you/your'** means the person or persons making the direct debit request or credit card authorisation (as applicable) in the Payment Authority.
- 1.10 **'we/us'** means CGU Insurance Limited ABN 27 004 478 371.

### 2. OUR OBLIGATIONS TO YOU AND OUR RIGHTS:

- 2.1 We will send you a written or electronic copy of the Payment Authority arrangements (amount; frequency; commencement date) and obtain your Authorisation to the Payment Authority at least 7 calendar days prior to debiting any amount in accordance with the Payment Authority.
- 2.2 Subject to the terms of this Agreement, we will debit to the Account:
  - (a) any Intermediary Fees, on behalf of the licensee or authorised representative that you have arranged your insurance through, on or about the first Instalment date set out in the Premium Instalment Advice;
  - (b) the first Instalment on or about the first Instalment date set out in the Premium Instalment Advice
  - (c) any subsequent Instalments on or about the Instalment date identified in the Premium Instalment Advice.Subject to clause 2.4, we will not change the amount or frequency of Instalments for the Policy without your prior approval.
- 2.3 Where the due date for any Instalment falls on a non-business day, we will debit the Instalment on or about the next business day. If you are uncertain about when the Instalment will be debited to your Account, contact your Financial Institution.
- 2.4 Where any Instalment is dishonoured, or an additional amount is due as a result of an amendment to a Policy, you authorise us to debit to the Account:
  - (a) any outstanding amounts and the next Instalment on or about the next Instalment due date; or
  - (b) any outstanding amounts at any time.

- 2.5 We reserve the right to terminate this Agreement and the Payment Authority without notice to you if more than one Instalment is dishonoured. This means you must ensure premium payments are made by an alternative payment method offered by us. We may also be able to cancel the Policy.
- 2.6 If any Instalment is dishonoured, you authorise us to obtain reimbursement from you of any fees we incur by debiting these fees to your Account if and when they accrue.
- 2.7 If we are obliged to refund any amounts debited to the Account under the Payment Authority in respect of the Policy, we will (at our option) either:
- (a) arrange for a refund to be payable to you within 31 days of the refund becoming payable; or
  - (b) reduce the amount of the next Instalment(s) by the amount of the refund (this reduction will continue until the amount is refunded in full).
- 2.8 We collect personal information from you for the purpose of providing you with direct debit or credit card payment facilities and related services. You can choose not to provide this information, however, we may not be able to debit the Account under your Payment Authority. We will keep all information you give to us relating to your Account private and confidential except to the extent we need to disclose it to relevant banks and financial institutions to debit your Account or in connection with a claim made against our bank relating to an alleged incorrect or wrongful debit. If you wish to update or access the information that we hold about you, contact us.
- 2.9 If you request a change to the Policy which affects the amount or frequency of the Instalments, we will provide you with 7 days written notice before the amount or frequency of the Instalments is varied.
- 2.10 Otherwise, we will provide you with 14 days written notice if any term of this Agreement varies during the term of the Payment Authority and will provide you with an updated version of this Agreement.

### **3. YOUR OBLIGATIONS TO US AND YOUR RIGHTS:**

- 3.1 You must check your Account details against a recent statement from your Financial Institution. Direct debiting is not available on all accounts. If you are uncertain about your Account details or whether direct debiting is available from your account, check with your Financial Institution before selecting the option to pay by direct debit in the Payment Authority.
- 3.2 By Authorising the Payment Authority, you agree to be bound by the terms of this Agreement and the Payment Authority.
- 3.3 You must ensure that immediately before any Instalment or other amount is due to be debited you have sufficient funds or credit available in respect of your Account to meet your Instalment obligations under this Agreement and any other amounts on the due date.
- 3.4 If your Account has more than one signatory, you must ensure that all necessary signatories Authorise the Payment Authority. It is your responsibility to ensure that the authorisation given to debit the nominated Account is identical to the Account signing instruction held by the Financial Institution where the Account is based.
- 3.5 You must advise us if your Account is transferred, closed, cancelled or expires.
- 3.6 You may alter the debiting of an Instalment, stop payment of an Instalment or terminate the Payment Authority at any time by giving written notice to us at least 14 days prior to the due date of the next Instalment or by contacting your Financial Institution. It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the Payment Authority. If we agree to vary the frequency of the Instalments, we will issue you with an updated Premium Instalment Advice. If alternative payment arrangements are not made with us, we can cancel a Policy without notice to you.

### **4. INQUIRIES AND DISPUTES**

If you have any concerns or queries regarding the timing of credit card payments, a proposed variation to the amount or frequency of Instalments or any amount debited, you should contact us on the number provided on your policy schedule. If you have a query about the timing of other payments or wish to dispute a debit, contact your Financial Institution.





**CGU Insurance Limited**  
ABN 27 004 478 371  
An IAG Company