

# Home insurance proposal

Home

Intermediaries

Policy Number

## Important notices

Please read this section before completing this proposal

**Your Duty of Disclosure:** Before you enter into this insurance contract with us for the first time, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

You will be asked various questions when you apply for this policy. When you answer these questions, you must:

- give us honest and complete answers
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

You do not need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

### Who does the duty apply to?

Everyone who is insured under the policy must comply with the relevant duty.

**What happens if you or they breach the duty?** If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

**Duty on renewals, variations and reinstatements:** A different duty applies for any variation or renewal or reinstatement of the policy. Please refer to your policy wording for this duty.

**How to fill out this form:** For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided.

If there is inadequate space to answer any questions, please attach a separate sheet of paper. Show the page number, section and question number before the information you wish to add, eg, Page 3, Previous Insurance – ABC Insurance, policy number XY6543, ceased 5/11/2001.

Your insurance provider will advise you what covers are available. These may include:

- Insured events cover,
  - Accidental loss or damage cover,
- Please choose carefully.

In addition to your buildings and contents insurance, you have the option of selecting:

- Personal effects cover (Part B),
- Domestic workers compensation (Part C).

Please ask your insurance provider for advice and copies of these policy wordings.

### Privacy Act 1988

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and other information in order to:

- decide whether to issue a policy;
- determine the terms and conditions of your policy;
- compile data; and
- handle claims.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents and others involved in the claims handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529, EST 9am-5pm, Monday-Friday and advise us of the changes. If you do not agree to the collection of your personal information then unfortunately we will be unable to process your proposal.

From time to time we may advise or offer you information on other Allianz products or services that may be relevant and of interest to you. If you do not wish to receive these offers or information please call the Allianz Direct Marketing Privacy Service Line – Freecall 1800 000 284, EST 9am-5pm, Monday-Friday.

### Property finance:

You need to give us details of all third parties who will have a financial interest in the property (such as banks, credit unions and finance companies).

### Definitions:

“We”, “our”, “us” or “my insurer” means Allianz Australia Insurance Limited ABN 15 000 122 850.

“You”, “your” means the person proposing for this insurance.

## Personal details

### Proposer 1

Mr  Mrs  Miss  Ms  Other

First name(s)

Family name

Date of birth  /  /

Home phone number

Business phone number

Occupation/business

Postal address

Postcode

### Proposer 2 (Complete if policy is to be in more than one name)

Mr  Mrs  Miss  Ms  Other

First name(s)

Family name

Date of birth  /  /

Home phone number

Business phone number

Occupation/business

Postal address

Postcode

(Office Use Only) Date proposal received \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ AM / PM

This Insurance is provided by Allianz Australia Insurance Limited ABN 15 000 122 850 Registered Office: 2 Market Street Sydney NSW 2000

**Type of cover required**

You may choose from 2 different types of cover. Please refer to the policy wordings for full details of the cover provided by each type of insurance. Please tick one box only to indicate the type of insurance you require.

- Classic Plus Home (Insured events)  Prestige Home (Accidental loss or damage)

**Period of insurance**

From \_\_\_\_\_ am/pm Effective Date on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date to 4pm on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Details of your home**

1. Address of home and/or contents to be insured:

Unit number \_\_\_\_\_ Street number \_\_\_\_\_ Street \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

2. Construction – Walls:  brick  fibro  wood  other (specify) \_\_\_\_\_

3. Does the building have a National Trust classification?  Yes  No

4. Is your home being let or rented on a commercial basis (e.g motel, hotel?)  Yes  No

5. Building description:

house  town house  villa  unit  flat Year your home was constructed \_\_\_\_\_  
 caravan  mobile home

6. How is your home occupied:

owner occupied  proposer as tenant  proposer as landlord  holiday home  unoccupied

If "unoccupied", please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you share your home with more than 3 unrelated persons?  Yes  No

Note: An unrelated person is anyone other than your spouse, partner, children or relatives, eg. flatmates, lodgers, etc.

8. Is your home poorly constructed, and/or badly maintained, or subject to a demolition order?  Yes  No

9. Is any part of your home used for business, trade or professional purposes?  Yes  No

If "Yes" please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part A – Buildings and Contents**

**Buildings**

1. Cover required:  Home building  Strata title building mortgage protection  Building under construction – (Note – Restricted cover applies)

2. Does anyone hold a mortgage over or have any other financial interest in your house?  Yes  No (If "Yes" detail below)

**First mortgage/financial interest**

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Postcode

\_\_\_\_\_

**Second mortgage/financial interest**

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Postcode

\_\_\_\_\_

3. Buildings sum insured required ..... \$ \_\_\_\_\_

**Contents**

1. Indicate which of the following security devices are fitted to your home:

Deadlocks on external doors  Key operated window locks

Burglar alarm  \*Yes  No \*Is alarm connected to an alarm company (back to base)?  Yes  No

Have you any other security devices?  Yes  No (If "Yes" please describe below)

\_\_\_\_\_  
\_\_\_\_\_

**Contents continued**

2. To calculate the total amount your contents should be insured for, please complete the boxes below.  
 (Note: If you wish to cover any of your personal effects or valuables against loss or damage away from your address, do not include their value below. Instead complete "Part B – Cover for personal effects and valuables away from your address".)

- a. Please complete the table below for each special item consisting of:
- jewellery, watches, gold or silver articles, documents, collections or sets of any kind worth more than \$2,000 each, or
  - curios, antiques, pictures, paintings or other works of art, oriental rugs or carpets worth more than \$2,500 each:

| Item | Description of specified item (include age, make and identification number) | Value |
|------|---|-------|
| 1    |   | \$    |
| 2    |   | \$    |
| 3    |   | \$    |
| 4    |   | \$    |
| 5    |   | \$    |
| 6    |   | \$    |

Total value of specified items above. a. \$

- b. What is the total value of all your remaining contents?  
 (Do not include the contents you have already mentioned above) b. \$

3. To calculate the total amount your contents should be insured for (sum insured), add together the separate amounts shown in boxes a. and b.

Note: You should keep evidence of the value and ownership of all property covered under your policy. Total \$

**Part B – Cover for Personal Effects and Valuables Away From Your Address**

(Available only if you have insured your contents. An extra premium is payable for this cover.)

1. Unspecified valuables – Indicate amount of cover you require (maximum \$7,500)  
 Note: A limit per item applies, please ask your insurance provider for options available. a. \$

2. Specified valuables – Please complete the table below for each specified item.

| Item | Description of specified item (include age, make and identification number) | Value |
|------|---|-------|
| 1    |   | \$    |
| 2    |   | \$    |
| 3    |   | \$    |
| 4    |   | \$    |
| 5    |   | \$    |
| 6    |   | \$    |

Total value of specified items above. b. \$

3. To calculate the total amount your personal effects should be insured for (sum insured), add together the separate amounts shown in boxes a. and b.

Note: You should keep evidence of the value and ownership of all property covered under your policy. Total \$

**Part C – Domestic Workers Compensation** (An extra premium is payable for this cover.)

The company that provides this insurance cover is noted in the Domestic Workers Compensation section of the policy.

(Note: This insurance is not available in all States) Do you require this insurance?  Yes  No

**Accident, claims and personal details** (This section must be fully completed)

1. During the last 5 years, have you or anyone permanently residing with you had any thefts, burglaries, fires or accidents involving damage to your home or contents or injuries to any person (whether or not a claim was made)?  Yes\*  No
2. a. Have you or anyone permanently residing with you, been convicted of any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property during the last 10 years?  Yes\*  No
- b. During the last 3 years has any insurer refused to insure your home and/or contents or renew your home and/or contents insurance?  Yes\*  No
- c. Have you been declared bankrupt and not been discharged for at least one year?  Yes\*  No

\*If you have answered "Yes" to any of the questions above please provide details in the space below including the name of any insurer involved.

| Date | Insurance company | Details |
|------|-------------------|---------|
|      |                   |         |
|      |                   |         |
|      |                   |         |

**Exceptional circumstances**

Is there any other information which is special or individual to you that may be relevant to us in deciding whether to insure you? If so, please provide details in the space below.

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**Declaration**

This declaration applies to all the insurance you are applying for in this proposal.

I declare that I have:

- received a copy of the policy wording;
- read the information concerning the duty of disclosure and other important notices;
- answered every question fully and frankly;
- either completed this proposal form personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

**If anything happens during the period of insurance which alters any of the information I have provided, I will promptly inform Allianz Australia Insurance Limited**

**I realise that if I have not complied with my duty of disclosure my claim may not be met.**

By signing the proposal I authorise Allianz to:

- obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;
- refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied.
- I acknowledge that I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this proposal.

Note: Please be aware that our ability to check and verify information does not relieve you of your obligation to disclose the truth to us.

I wish to pay the premium  monthly  annually  fortnightly (where available)

|                          |      |                           |      |
|--------------------------|------|---------------------------|------|
| Signed by first proposer | Date | Signed by second proposer | Date |
|--------------------------|------|---------------------------|------|

**For office use only**

|                |   |     |              |                    |               |
|----------------|---|-----|--------------|--------------------|---------------|
| Intermediary:  | If referral to the insurers required – date referred: |     |              |                    | Accepted by – |
| Agency No.:    | Name of approving officer:                            |     |              |                    | I.D.:         |
| Type of cover: | Replacing policy number:                              |     |              |                    | Date:         |
| Class code:    | Cover note:   |     | Date issued: |                    | Init'l:       |
| Construction:  | Coy, Premium  | FSL | SD           | Total payable      | Instalment    |
| Occupation:    | Building:   | \$  | \$           | \$                 | \$            |
| Age:           | Contents:   | \$  | \$           | \$                 | \$            |
| Postcode:      | Valuables:  | \$  |              | \$                 | \$            |
| Security:      | Dom. W/C  | \$  |              | \$                 | \$            |
| Ownership:     | Total:  | \$  | \$           | \$                 | \$            |
| Finance:       | Commission:   | \$  |              | Entered by – I.D.: |               |
| Notes:         |   |     |              | Date:              | Init'l:       |