

Home and Contents Insurance Application

| Policy N | lo. | Client No. | rmediary No. | | | | | | |
|-----------------------|--|-------------------------------------|---------------|------------------|--|--|--|--|--|
| | Home and Contents insurance is available for insured events only or for accidental damage, for which you pay an extra premium. Please (✓) your requirement: INSURED EVENTS ACCIDENTAL DAMAGE Interim Contract Issued? No Yes If "Yes", number | | | | | | | | |
| THE AP | PLICANT/S | | | | | | | | |
| Nam | ne(s) of Insured in full | | Date of Birth | Are you retired? | | | | | |
| If insufficient space | sufficient space or if policy ame of company or other | 1) | / / | Yes No | | | | | |
| | y please attach details. | 2) | / / | Yes No | | | | | |
| Tax S | Status | Registered Business Yes No ABN | | Taxable % | | | | | |
| Posto | al Address for Notices | | | | | | | | |
| Can | ta at Numberre | Phone No. (Private) () Phone No. (| Business) () | | | | | | |
| Contact Numbers | | Fax No. () Email | | | | | | | |
| Mort | lgagee's Name | | | | | | | | |
| Addı | ress | | Postcode | e | | | | | |
| Con | tact Numbers | Phone No. (Private) () Phone No. (| Business) () | | | | | | |
| Con | Idel Numbers | Fax () Email | | | | | | | |
| Peric | od of Insurance | From / / to / / | at 4 p.m | | | | | | |

INFORMATION ABOUT THE HOME AND CONTENTS

| Site of Home | □ (✓) if same a | as postal | | | | | |
|--|--|---------------------------|-----------|------------------|------------------|--------------------------|--|
| Sile of Florine | | | | | | Postcode | |
| | • | Please tick (✔) the | e approp | riate box. | | | |
| 1) How is the home | occupied? | | | | | | |
| By you as owner | | By a tenant (your l | nome)* | | By you as ten | ant/renting(not sharing) | |
| Holiday home | | Farm owner occup | pied | | Farm not owr | ner occupied | |
| Vacant home | | Other – give detai | ls | | | | |
| (unoccupied more than | 1 60 days) *Tic | k here if you require cov | er for mo | Ilicious damag | je by tenants fo | or an additional premium | |
| 2) Type of home: | | _ | | | | | |
| Freestanding Hou | se 🔄 H | Home Unit/Flat | Tow | nhouse/Terrac | e/Villa | Other | |
| | a) Walls | Bricks | Fibro | | Wood | Other | |
| Construction details | b) Roof | Tile | Iron | Colo | urbond | Other | |
| | Size of home | sq m² or | s | quares | Yea | r of Construction | |
| 4) Is the home conne | cted to town water? | Yes No | | 4 (a) Is the sit | e larger than t | 2 hectares? Yes 🗌 No 🗌 | |
| 5) Is your home herit | 5) Is your home heritage listed? Yes No If "Yes," give details | | | | | | |
| 6) Condition of hom | e: | | | | | | |
| Good | Average | Needs Mainter | nance &/ | or Repairs | – give details | s | |

| | | HE HOME AND C | | | | la c | | | | |
|--|--|--|--|--|--|---|---|-----------------|---------------------------------|---|
| | | | Please | tick (✔) the ap | oropriate | box. | | | | |
| ') Ho | as the home been – | rewired? | No | Yes 🗌 – If "Y | ′es″, year | | / / | | | |
| | - | replumbed? | No | Yes – If "Y | ′es″, year | | / / | | | |
|) Do | oes the home have a | uny of the following r | orotecti | on? | | | | | | |
| | | | | | | c | | | | |
| | eadlocks on all exter eyed locks on all acce | | Yes Yes | No No | | | ecurity intercom xed safe | | | Yes No |
| | ars on all accessible l | | Yes | | | | xea sale eighbourhood v | watch are | 20 | Yes No |
| | ofessionally Installed | | Yes | | | | noke detectors | valen ale | su | Yes No |
| | ofessionally Installed | | Yes | No | | 01 | | | | |
| | you live in a flat/unit | | | n the ground a | t its lowes | t poin | it, does it have: | | | |
| | , 1 hour concierge/sec | | Yes | | | | b your floor by c | ard or P.I | I.N.? | Yes No |
| Ho | ave you or anyone li | ving permanently wit | th you: | | | | | | | Yes No |
| a) | | rance; been declined | | | | | | | | |
| | or had any specia following a theft c | l terms or conditions laim? | s impos | sed e.g. excess | mposed | oy abo | c insurance co in | n 2003 | | |
| lf | "Yes", give details | | | | | | | | | |
| b) | been charged or a | convicted during the | | | | | | | | Yes No |
| | | ge to property; any c \$500 in 2003 for sh | | | ft; drugs; | or dis | shonesty of any | kind | | |
| If | "Yes", give details | | | | | | | | | |
| c) | | during the past five y | | | events ago | ainst v | vhich you wish t | o insure | | Yes No |
| It | "Yes", give details | | | | | | | | | |
| | - | | | | | | | | | |
| | re there any exceptiond on what terms? | nal circumstances yc | ou knov | w about which a | are releva | nt to o | our decision to i | nsure yo | U | Yes No |
| ar | nd on what terms? | nal circumstances yc | ou knov | w about which a | are releva | nt to a | our decision to i | nsure yo | U | Yes 🗌 No |
| ar If | nd on what terms? "Yes", give details | | | | | | | | | Yes 🗌 No |
| ar If | nd on what terms? | | | | | | our decision to i previous Insuran | | | Yes No |
| ar If lease | nd on what terms? "Yes", give details state the name of yo | our previous home a | | | | | | | iu / | Yes No |
| ar If lease | nd on what terms? "Yes", give details | our previous home a | | itents Insurer | | | previous Insuran | | / | / |
| ar If lease | nd on what terms? "Yes", give details state the name of yo | our previous home a insure for? Sum Insured | and con | itents Insurer Excess | | te of p | | | / / | / |
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(If insufficient space please attach details.)

You should keep your policy in a safe and convenient place, and also keep receipts or other evidence of ownership and value of items you have specified here and other items of significant value.

VALUABLES

A. INSURED EVENTS POLICIES

You may elect to insure unspecified personal property against accidental loss or damage anywhere in Australia or New Zealand and for up to 35 days, anywhere in the world. If you choose this option, please nominate a sum insured in the unspecified valuables box at the foot of this section (up to \$6,000). The maximum we will pay for any item is 25% of the sum insured. **This cover attracts an extra premium.**

Additional items may be individually specified below.

1. UNSPECIFIED VALUABLES

Please keep receipts or other evidence of ownership and value of these items.

| We will insure as unspecified valuables | But Not |
|--|---|
| Unspecified personal property specifically designed to be worn or carried on your person which means: Jewellery Gold or silver objects Watches Sporting equipment except while in use or play Photographic equipment including video equipment Musical equipment Battery operated sound equipment Battery operated sound equipment Binoculars Clothing Other personal belongings specifically designed to be worn or carried on the person Luggage Camping equipment, back packs and sleeping bags Wheel chairs, crutches and walking sticks | Vehicles Aircraft, aerial devices Watercraft Equipment normally associated with the above 3 items Cash or negotiable securities Musical instruments or photographic and video equipment including associated equipment used for professional purposes or reward Bicycles (these must be listed as a Specified Item) |
| otal Unspecified Valuables | \$ |

Please provide as much identification as possible, e.g. serial numbers and attach a valuation for any item in excess of \$1,500.

| | \$ |
|---------------------------|----|
| | \$ |
| | \$ |
| | \$ |
| Total Specified Valuables | \$ |

B. ACCIDENTAL DAMAGE POLICIES

Additional Benefit (1) Temporary Removal automatically insures your contents anywhere in Australia, New Zealand and for up to 90 days, anywhere in the world.

We will pay a maximum of \$1,750 per item and \$7,500 in total for items of:

• jewellery, gold or silver articles, furs, watches • mobile phones, portable electronic equipment

- collections of any kind
- Bicycles are insured for a maximum of \$2,000, unless specified

Additional items may be specified below.

SPECIFIED VALUABLES – please list specified items you wish to insure. This section attracts an additional premium.

Please provide as much identification as possible, e.g. serial numbers and attach a valuation for any item in excess of \$1,750

| | \$ |
|-----------------------|----------|
| | \$ |
| | \$ |
| | \$ |
| Total Specified Valua | bles \$ |
| Total Valua | ıbles \$ |
| Prem | nium \$ |
| Ех | ccess \$ |
| Amount Pay | able \$ |
| | |
| GAL LIABILITY | |
| | |

LEGAL LIABILITY \$20,000,000

ΙF

Amount Payable \$

DOMESTIC WORKERS' COMPENSATION

NB: Not applicable for Queensland, Victoria and South Australia

If you employ a domestic worker, on a casual basis or otherwise, you may be required by law to provide that person with workers' compensation insurance. If you fail to do so, and your employee is injured in the course of their employment by you, you may be liable to compensate them.

You may insure your liability according to the legislation in your state, up to the amount required by your state's legislation.

| Do you require this cover? | No Yes | If "Yes", how many people you employ? | | Premium | \$ | |
|----------------------------|--------|---------------------------------------|--|---------|----|--|
|----------------------------|--------|---------------------------------------|--|---------|----|--|

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the QBE Privacy information brochure from any QBE Commercial office or at qbecommercial.com

DUTY OF DISCLOSURE

What you must tell us

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 answer to the question. We will use the answers in deciding whether to insure you, and on what terms.

Who needs to tell us

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

NON-DISCLOSURE

If you do not tell us

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 having worked.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

SIGNATURE AND DECLARATION

I/We declare that:

- 1. I have received a copy of the Product Disclosure Statement (PDS) and the Policy Terms and Conditions and agree to be bound by the terms and conditions contained in it.
- 2. The Duty of Disclosure and inadequate space to answer, notices set out above has been read and understood by me/us.
- 3. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
- 4. I acknowledge you reserve the right to decline any application.
- 5. I authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to, or obtain from, other insurers or insurance reference bureaus, or credit reporting agencies any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

| | | | 1 | | |
|-----------------------|---|-------------------|------|---|---|
| Applicant's Signature | X | Applicant's Title | Date | / | / |

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035, AFS Licence No. 239545 of 82 Pitt Street, Sydney.