



Policy Type:

Accidental Damange

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Listed Events

Listed Events

Listed Events - Base

Listed Events - Base

## Specified Contents Schedule

<u>Item No</u>	<u>Description</u>	<u>Current Year Cover</u>	<u>Renewal Year</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
	<b>TOTAL</b>	\$	\$

## Specified Personal Valuables Schedule

<u>Item No</u>	<u>Description</u>	<u>Current Year Cover</u>	<u>Renewal Year</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
	<b>TOTAL</b>	\$	\$

## Construction Details (This section must be completed)

Please review and tick the relevant boxes regarding the insured property

Building Construction:

**Roof:**

Concrete

Tile/Slate

Asbestos

Fibro

Glass

Metal/Colorbond

**Walls:**

Brick Veneer

Double Brick

Metal Clad

Asbestos

Concrete

Timber/Wood

**Floors:**

Concrete

Wood

Tile

Brick

How many levels is the building?

Year of Construction:

If built prior to 1970, when was it last re-wired?

Are there any swimming pools &/or spas?

Yes

No

## Security & Protection Details (This section must be completed)

Please review and tick the relevant boxes regarding the insured property

### **Fire Protection:**

Fire Extinguisher

Smoke Detector - monitored

Smoke Detector - not monitored

### **Security Protection:**

Window Bars/Grills

Locks on all external windows without bars

Dead Locks on doors

Alarm - Back to Base

Alarm - Local

CCTV

## Claims Declaration

In the last 5 years, have you made any claims on an insurer for loss or damage?

Yes

No

**Date of Loss**

**Cause of loss**

**Amount claimed**

## Renewal Requirements

Please make any amendments which you may require to the expiring Policy.

I/We hereby declare that the estimated figures supplied reflect a reasonable expectation for the next policy period.

**Insured Signature**

**Date**