



## Residential Landlord Insurance Renewal Declaration

Please review/update the following details and specify your requirements for renewal

Name of Insured:

Policy No.

ABN:

Period of Insurance:

Date of Birth of the Eldest Insured:

Contact Name:

Contact Phone Number: Phone:

Mobile:

Contact Email:

Situation(s) Address:

Building Type:

Residential Home

Townhouse/Villa/Duplex

Unit/Apartment

Boarding House

Holiday House

Current Insurer:

### Sums Insured

**Section Cover**

Building Sum Insured:

**Current Year**

\$

**Renewal Year**

\$

Contents Sum Insured:

\$

\$

Is your property managed by a professional agent?

Yes No

Yes No

Option 1- Loss of Rent – Insured Events

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\$

Option 2- Loss of Rent – Tenant Default

Yes No

Yes No

Option 3- Theft by Tenant

Yes No

Yes No

Legal Liability:

\$

\$

Policy Type:

Accidental Damage

Accidental Damage

Listed Events

Listed Events

Listed Events - Base

Listed Events - Base

### Interested Parties

Please review and or list any Interested Parties

**Name of Interested Party**

**Nature of Interest**

## Construction Details (This section must be completed)

Please review and tick the relevant boxes regarding the insured property

Building Construction:

<b>Roof:</b>	Concrete	Tile/Slate	Asbestos	Glass
	Iron/Steel/Aluminium			

<b>Walls:</b>	Brick Veneer	Double Brick	Metal Clad	Asbestos
	Concrete	Timber/Wood		

<b>Floors:</b>	Concrete	Wood	Tile	Brick
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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
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### **Security Protection:**

Window Bars/Grills	Locks on all external windows without bars	Dead Locks on doors
Alarm - Back to Base	Alarm - Local	

## Claims Declaration

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

Yes                      No

<b>Date of Loss</b>	<b>Cause of loss</b>
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<b>Amount claimed</b>
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## 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**