

City Rural Insurance Brokers Pty Ltd

ABN 52 074 444 296

- Member of National Insurance Brokers Association and Steadfast Group Limited -
- Australian Financial Services Licence No. 237491 - General Insurance Broker -

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Telephone: (08) 8100 0800 Email: info@crib.com.au Website: www.cityrural.net.au Facsimile: (08) 8100 0899

Applicant 1

Name

Date of Birth

Over 55 & Retired

Yes No

Home Phone

Work Phone

Address

Postcode

Postal Address same as above or

Postcode

Email

Fax

Preferred Method of Contact

Email Phone Fax

Applicant 2

Name

Date of Birth

Over 55 & Retired

Yes No

Home Phone

Work Phone

Email

Fax

IMPORTANT

Current Insurer

Expiry Date

Policy Cover

Defined Events
 Accidental Damage
 Landlords

SUM INSURED

Size of Building (sqm)

Age of Building

Part 1

Building (Replacement Value) ⓘ

\$

Contents (Replacement Value) ⓘ

\$

Specified Valuables in the Home ⓘ

Yes No

Item	\$	Item	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 2

Personal Valuables (Covered when outside the Home Property)

Yes No

(1) Specified Items n(If you chose 'Yes' above)

Description	Value
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>

3.

4.

5.

6.

7.

(2) Unspecified Items

Yes No

Sum Insured

Domestic Workers

Yes No

Number of workers

Landlords Yes No

Landlords Insurance

Yes No

Weekly rental

Malicious Damage By Tenant

Yes No

Tenant Rent Default

Yes No

Insured Property Details

Dwelling Type [Select]

Construction [Select]

Occupant Type

Owner Tenant

Fire Protection

Yes No

Roof

Metal Tiles

Floors

Timber Concrete

Burglary Protection

Deadlocks on all external Doors? Yes No

Back to Base Alarm? Yes No

Keyed window Locks on all windows? Yes No

Local Alarm System? Yes No

Bars or grills on all accessible windows? Yes No

Is the property on more than 10 acres? Yes No

Electronic Surveillance key or card to common areas? Yes No

Is the property used for Business use? If yes what type of Business? Yes No

Live in Manage / Caretaker? Yes No

Is the property occupied? Yes No

Safe or other system? (please describe) Yes No

Will the home be unoccupied more than 60 days? Yes No

Has any insurer in respect of any insurance policy held by you, your partner...

(a) Refused to renew/ cancelled or terminated a policy? Yes No

If yes, please supply details.

(b) Refused a claim or required an increased premium under the policy? Yes No

If yes, please supply details.

(c) Imposed special conditions under the policy? Yes No

If yes, please supply details.

(d) Have you been convicted any criminal offence or been declared bankrupt? Yes No

If yes, please supply details.

(e) Have you had any Claims in the past 5 years?

Yes No

If yes, please supply details.

I have read the Duty of Disclosure

Duty of Disclosure

In order to make an informed assessment of the risk and calculate the appropriate premium, your insurer needs information about the risk you are asking it to insure.

For this reason, before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 to disclose to your insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk and, if so, on what terms. The duty also applies when you renew, extend, vary or reinstate a contract of insurance.

You do not have to disclose anything that:

- Reduces the risk to be undertaken by the insurer;
- Is common knowledge;
- Your insurer knows, or in the ordinary course of its business, ought to know; or
- If the insurer has waived your obligation to disclose.

If you do not comply with your duty of disclosure, your insurer may be entitled to reduce its liability in respect of a claim or may cancel your contract of insurance. If the non-disclosure was fraudulent, the insurer may be able to avoid (or cancel) the contract of insurance from its beginning. This would have the effect that you were never insured.

One important matter to be disclosed is the history of losses suffered by the person seeking insurance or any closely associated person or entity. As you are responsible for checking that you have made complete disclosure, we suggest that you keep an up to date record of all such losses and claims.

Submit

Signature	<input type="text"/>	Dated	<input type="text"/>
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