

*Refer to Product des closure.*

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## RESIDENTIAL LANDLORDS APPLICATION FORM

INSURED: \_\_\_\_\_

ADDRESS OF PROPERTY TO BE INSURED: \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX / EMAIL: \_\_\_\_\_

NUMBER OF INSURANCE CLAIMS IN LAST 3 YEARS: \_\_\_\_\_

PERIOD OF INSURANCE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PROPERTY DETAILS:

Type of Building: House / Unit / Villa / Townhouse / Serviced Apartment

Year Built: \_\_\_\_\_

Construction of External Walls \_\_\_\_\_

Is the Property Strata Titled: YES / NO

Deadlocks on all Doors: YES / NO

Key Locks or Grilles on all External Windows: YES / NO

Alarm Type: \_\_\_\_\_

### COVERS:

Building Sum Insured: \$ \_\_\_\_\_

Landlords Contents: \$ \_\_\_\_\_

Loss of Rent - Per Annum: \$ \_\_\_\_\_

Public Liability: \$ \_\_\_\_\_

**\*\* Next section CANNOT be offered if a serviced apartment \*\***

Rent Default and Theft By Tenant YES / NO

### DISCLOSURE QUESTIONS:

Has the insured had a claim refused, insurance declined or special conditions imposed on a policy of insurance in the last 5 years? YES / NO

Is the insured an undischarged bankrupt? YES / NO

Has the insured, or anyone permanently residing with insured, been convicted of, or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property Within the last 10 years? YES / NO

Is there anything else we should know about the property? (ie. heritage listed, building under construction, not structurally sound, etc) If so, please advise in detail YES / NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_