



# Landlord Protection Application

Applicants are required to complete All sections in full

1. Applicant(s) name(s) in full \_\_\_\_\_
2. Applicant(s) Postal Address \_\_\_\_\_ POSTCODE \_\_\_\_\_
3. Mortgagee or Other Interested Party \_\_\_\_\_
4. Address of Rentable Premises \_\_\_\_\_ POSTCODE \_\_\_\_\_
5. Period of Insurance From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ 4.00pm local standard time

**Please read the following Important Information carefully before completing this application**

**YOUR DUTY OF DISCLOSURE** Before you enter into a contract of insurance with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your application for insurance is acceptable and to calculate how much premium is required for your insurance. You will be asked various questions when you apply for this policy. When you answer these questions you must:

- \* give us honest and complete answers,
  - \* tell us everything that you know, and,
  - \* tell us everything that a reasonable person in the circumstances could be expected to tell us
- You do not need to tell us about any matter:
- that diminishes our risk,
  - that is common knowledge;
  - that we know or should know as an insurer, or,
  - that we tell you we do not need to know.

**TO WHOM DOES THE DUTY APPLY?** Everyone who is insured under the policy must comply with the relevant duty

**WHAT HAPPENS IF YOU OR THEY BREACH THE DUTY?** If you or they do not comply with the relevant duty we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

**DUTY ON RENEWALS, VARIATIONS AND REINSTATEMENTS** A new duty applies for any variation, renewal or reinstatement of the policy. Please refer to your Policy Document (Product Disclosure Statement) for this duty.

**SUM INSURED** The total liability of the Company in respect to loss or damage caused by all or any of the Defined Events under the Company's policy shall not exceed the amount stated against each item respectively or in the aggregate the Total Sum Insured.

**BASIS OF SETTLEMENT** Claims for loss or damage to property may be settled by payment or, at the Company's option, reinstatement, replacement or repair subject (unless otherwise specified) to due allowances for depreciation and betterment.

## Amount of Insurance Required

6. BUILDINGS AND CONTENTS  
For how much do you wish to insure the Buildings and Contents?  
Sum Insured: Buildings (including fixtures & fittings) \$ \_\_\_\_\_  
Contents \$ \_\_\_\_\_
7. LOSS OF RENT  
Do you wish to insure against Loss of Rent from events for which the Buildings and Contents are insured ? YES / NO  
if "YES" what is the total Annual Rent for the insured premises \$ \_\_\_\_\_
8. STRATA TITLE MORTGAGEE'S PROTECTION  
Do you wish to insure for Strata Title Mortgagee's Protection? YES / NO  
if "YES" what is the value of the outstanding mortgage \$ \_\_\_\_\_
9. DELIBERATE DAMAGE BY TENANTS  
Do you wish to insure against Deliberate or Intentional Damage by Tenants? YES / NO
10. TENANT'S DEFAULT  
Do you wish to insure against Default of Rent by Tenants? YES / NO  
Weekly rent for insured premises is \$ \_\_\_\_\_ per week.

## Property Description

11. TYPE OF RENTABLE PREMISES (Please tick *all* which apply)
- |                           |                          |                 |                          |
|---------------------------|--------------------------|-----------------|--------------------------|
| House                     | <input type="checkbox"/> | Unfurnished     | <input type="checkbox"/> |
| Home Unit                 | <input type="checkbox"/> | Furnished       | <input type="checkbox"/> |
| Flat (ground floor)       | <input type="checkbox"/> | Strata Titled   | <input type="checkbox"/> |
| Flat (above ground floor) | <input type="checkbox"/> | *Holiday Rental | <input type="checkbox"/> |
- \*if the property is a Holiday Rental, please complete the Holiday Home Insurance Application Form
12. Name and Address of \_\_\_\_\_  
Managing Agent \_\_\_\_\_ POSTCODE \_\_\_\_\_
13. CONSTRUCTION OF DWELLING WALLS  
Brick / Fibro / Asbestos\*\* / Wood / Other \_\_\_\_\_
- \*\* if we agree to cover properties with asbestos walls or roof, the following endorsement will apply:**  
*"We will not cover your legal liability for claims that would not have occurred but for the existence of asbestos."*
14. AGE OF BUILDING \_\_\_\_\_ [wiring certificate or RCDs are required if the building is:  
a) brick/stone/concrete over 80 yrs old or,  
b) timber/fibro/ metal over 40 yrs old.]

15. Is the Building structurally sound and well maintained? YES / NO  
If "**NO**", please refer to St George Underwriting Agency.

16. **PROPERTY CONDITION REPORT**  
Do you or your property manager complete a Property Condition Report at the beginning and end of each tenant's lease? YES / NO

17. Is the property for sale? YES / NO  
(Cover is **not** available if the property is for sale by the Applicant)

18. **UNOCCUPANCY**  
Are any of the premises currently untenanted? YES / NO

If "**YES**", please give full details including reasons for unoccupancy and the anticipated period of unoccupancy.

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19. **LEASE AGREEMENT**  
Do you or your property manager let the premises on *initial* leases of three months or more for each tenancy? YES / NO  
[**Please note:** we cannot insure properties without at least 3 month *initial* leases]

20. **CURRENT TENANTS**  
Does your current Tenant have a history of rent arrears at the insured premises or is there any existing problem with the current tenant which may lead to default or termination of the lease agreement? YES / NO

If "**YES**", please give full details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Previous Losses/Insurance History**

21. Has the applicant or any person or company interested in this insurance:
- (a) had any rental property damaged or destroyed by fire, or had property lost or destroyed, at a rental property, due to burglary or theft or any other perils insured by this policy? YES / NO
  - (b) had any type of insurance proposal declined or any type of policy cancelled or renewal thereof refused? YES / NO
  - (c) had any renewal on a rental property offered subject to special terms? YES / NO

If you have answered "**YES**" to any of questions 21 a), b), or c), please give full details including the names of the previous insurers.

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The Privacy Act 1988 contains National Privacy Principles which require us to tell you that as an agent for an insurer we collect, handle, store & disclose your personal and sensitive information in order to decide whether to issue a policy, determine the terms and conditions of your policy, compile data, and handle claims.

In certain circumstances, we will disclose personal information to third parties with whom we deal to provide the relevant services and products. For example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents, and others involved in the claims-handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which it was supplied by us.

You have the right to seek access to your personal and sensitive information and correct it at any time. To change information please contact us on (08) 9317 8400 WST 8.30am - 5.00pm and advise us of the changes. If you do not agree to the collection of your personal information then we will be unable to process your application.

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## DECLARATION

This declaration applies to all the insurance you are applying for in this application.

I declare that I have:

- \* received a copy of the Policy Document (Product Disclosure Statement);
- \* read the information concerning the duty of disclosure and other important notices;
- \* answered every question fully & frankly;
- \* either completed this application form personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

**If anything happens during the period of the insurance which alters any of the information I have provided, I will promptly inform St George Underwriting Agency.**

**I realise that if I have not complied with my duty of disclosure my claim may not be met.**

By signing the application I authorise the insurer to:

- \* obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- \* make enquiries from third parties to verify claims history and other information
- \* disclose my claims history to any insurance intermediary I appoint.
- \* refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied;
- \* I acknowledge I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this application.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

This insurance is underwritten by  
UKAWA Pty Ltd AFS Licence No 236663 ABN59 009 357 582 trading as **St George Underwriting Agency**  
as underwriting agent for  
Allianz Australia Insurance Ltd AFS Licence No 234708 ABN 15 000 122 850