



Landlord Quote Form

BROKER/AGENT: _____ CONTACT NAME: _____

PROPERTY LOCATION: _____

INSURED NAME: _____

1. TYPE OF PROPERTY

- a) House b) Duplex c) Home Unit/Townhouse d) Flat/apartment (ground floor / above ground floor)

2. CONSTRUCTION OF WALLS

- a) Brick b) Timber c) Fibro d) Asbestos* e) Other _____
* cover may not be available

3. TYPE OF RENTABLE PREMISES:

- a) Unfurnished b) Furnished c) Strata-titled d) Holiday/weekender (use **Weekender Quote Form**)

4. AGE OF BUILDING: _____ (Note: cover may not be available for Fibro/Asbestos Cement over 40 y.o., and, wiring cert/RCD & plumbing/structural certificate req'd for brick/stone over 80 y.o.)

5. INITIAL LEASE PERIOD:(must be > 3months) _____

6. REQUIRED SUMS INSURED:

A) BUILDING (incl fixtures & fittings) \$ _____ Excess \$50 or \$100
CONTENTS \$ _____ Excess \$50 or \$100
(Note:portable electronic equip excluded unless agreed by SGUA)

Weekly Rental: \$ _____

OPTIONAL ADDITIONAL SECTIONS: (Sections C & D only available if managed by licensed property manager)

- B) Loss of rent (defined events) YES / NO Excess Nil
C) Deliberate damage by tenants: YES / NO Excess Nil
D) Tenants' default of rent: YES / NO [not available without C) above] Excess Nil
E) Strata title mortgagees' protection: YES / NO \$ _____ Excess Nil

7. IS PROPERTY MANAGED BY A LICENSED PROPERTY MANAGER? YES / NO

8. DETAILS OF INSURED'S PREVIOUS CLAIMABLE EVENTS (insured or not) :
