



Holiday Home Application

(Applicants are required to complete all section in full)

1. Applicant(s) name(s) in full _____

2. Applicant(s) Postal Address _____
_____ POSTCODE _____
3. Mortgagee or Other Interested Party _____

4. Address of Holiday Premises _____
_____ POSTCODE _____
5. Period of Insurance From _____/_____/_____ To _____/_____/_____
at 4.00p.m. local standard time

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

We rely on the information You provide Us with, to decide whether to insure You and the terms on which We will insure You. To comply with Your duty of disclosure when first entering into an insurance contract with Us, You must tell Us everything You know and that a reasonable person in the circumstances could be expected to tell Us, in answer to the questions We ask You. This applies to every person insured under the policy.

If You fail in Your duty of disclosure, We may reduce or deny any claim You make or cancel Your policy. If You fraudulently keep information from Us or deliberately make false statements, We may avoid Your contract and treat Your insurance as if it never existed.

To comply with Your duty of disclosure when You vary, renew, extend, reinstate or replace Your policy, You must tell Us everything that You know, and which a reasonable person in the circumstances could be expected to know, is irrelevant to Our decision whether to insure You and, if so, on what terms. You do not have to tell Us anything that is common knowledge that We should know through Our business, that reduces the risk of a claim or that We tell You We do not need to know.

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.

UKAWA Pty Ltd ABN 59 009 357 582 trading as St. George Underwriting Agency AFS Licence No 236663

449 Yangebup Rd, Cockburn Central WA 6164 | PO Box 3701, Success WA 6964

P: (08) 9417 8501 | **F:** (08) 9417 9294 | **E:** admin@sgua.com.au | **W:** www.sgua.com.au

Amount of Insurance Required

6. BUILDINGS AND CONTENTS

For how much do you wish to insure Buildings and Contents?

Sum Insured: Buildings \$ _____
Contents \$ _____

Do you wish to insure any electronic entertainment equipment worth more than \$1,000 any one item or item or series of items forming a single unit?

YES / NO

(if "YES", please attach an inventory. Electronic entertainment equipment worth more than \$1,000 is only covered if we list it on the Schedule.)

7. LOSS OF RENT

Do you wish to insure for Loss of Rent from Deliberate Damage or events for which the Buildings are insured?

YES / NO

Annual Rent for this 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 outstanding mortgage value? \$ _____

9. DELIBERATE DAMAGE BY TENANTS

Do you wish to insure against Deliberate Damage by Tenants?

YES / NO

10. WORKERS' COMPENSATION (ACT, WA & TAS only)

Do you wish to insure for Workers' Compensation in relation to this property?

YES / NO

Property Description

11. TYPE OF HOLIDAY PREMISES please tick *all* which apply

Unfurnished*
Furnished
Strata Titled

*if building is unfurnished, please advise why _____

12. AGE OF BUILDING _____ years

(If non-brick and over 40 years old, a wiring certificate or Residual Current Device may be required.)

13. SECURITY

Do all external doors have keyed deadlocks and all windows have keyed locks?

YES / NO

(Please note the above-mentioned security is a condition of cover.)

14. NAME AND ADDRESS OF
MANAGING AGENT

POSTCODE _____

15. TYPE OF DWELLING

House / Townhouse / Unit / Flat / Resort Dwelling

16. 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."

17. Is the Building structurally sound and well maintained?

YES / NO

If "NO", please refer to St George Underwriting Agency.

18. Is the property for sale? (Cover is **not** available if the property is for sale by the Applicant)

YES / NO

Previous Losses/Insurance History

19. Has the proposer or any person or company interested in this insurance:
- (a) had any buildings or contents damaged or destroyed by fire, or had property lost or destroyed, due to burglary or theft or any other perils covered by this policy? YES / NO
- (b) had any insurance proposal declined or any policy cancelled or renewal thereof refused? YES / NO
- (c) had any renewal of building or contents insurance offered subject to special terms? YES / NO

If you have answered "YES" to any of these questions, please give full details including the names of the previous insurers.

HOW WE PROTECT YOUR PRIVACY

We are bound by the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth) and comply with the Privacy Act 1988 (Cth). We are committed to ensuring that all Our business dealings comply with the APPs and acknowledge the importance of keeping personal details for individuals confidential and secure.

We collect personal information for the purpose of providing insurance, including arranging insurance, policy administration and claims handling. Without this information, We are not able to provide You with the services You require.

If You would like a copy of Our privacy policy, would like to seek access to or correct Your personal information, or opt out of receiving materials We send, please contact Us.

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 ABN 59 009 357 582 trading as St. George Underwriting Agency AFS Licence No 236663

as underwriting agent for

The Hollard Insurance Company Pty Ltd (Hollard) ABN 78 090 584 473 AFS Licence No. 241 436

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