

Landlords Protection Application

For Full-time Domestic Rental Property



Applicant's Details

Name & Address	Daytime Telephone no.
<input type="text"/>	<input type="text"/>
Email Address	Mobile Telephone no.
<input type="text"/>	<input type="text"/>
Mortgagee or Other Interested Party	Period of Insurance
<input type="text"/>	From / / to / /

Rental Property Details

Address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of property <small>Please Tick which apply</small>	Construction of external walls	Construction of roof	
<input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Villa / Townhouse <input type="checkbox"/> Unit / Apartment <input type="checkbox"/> Unfurnished <input type="checkbox"/> Furnished <input type="checkbox"/> Strata Title	<input type="checkbox"/> Asbestos <input type="checkbox"/> Brick <input type="checkbox"/> Colourbond <input type="checkbox"/> Concrete <input type="checkbox"/> Corrugated iron <input type="checkbox"/> Fibro-cement	<input type="checkbox"/> Mudbrick <input type="checkbox"/> Other <input type="checkbox"/> Rammed Earth <input type="checkbox"/> Stone <input type="checkbox"/> Weatherboard <input type="checkbox"/> Wood	<input type="checkbox"/> Asbestos <input type="checkbox"/> Colourbond <input type="checkbox"/> Concrete <input type="checkbox"/> Membrane <input type="checkbox"/> Shingle <input type="checkbox"/> Thatch <input type="checkbox"/> Tile
Is the building structurally sound and well maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, refer to SGUA	
Is the property on acreage exceeding 2 acres? <small>(8,000m²)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, refer to SGUA	
Is the property used for any farming or commercial activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe activity	
<input type="text"/>			
Year of Construction of Building?	<input type="text"/>	NB: Wiring Certificate or RCD's are required if the building is: a) brick/stone/concrete over 80 yrs old b) timber / fibro / metal over 40 yrs old	

Choose Your Insurance Cover

Landlords Protection	<input type="checkbox"/>	Provides Defined Events Cover with options to cover Rent Loss, Tenant Default/Theft Deliberate Damage - Refer to Product Disclosure Statement for further information.
Landlords Protection PLUS	<input type="checkbox"/>	As above plus Accidental Damage and options for Prevention of Access, Scorching and Garbage Removal - Refer to Product Disclosure Statement for further information.
Required Sums Insured	Building \$ <input type="text"/>	Contents \$ <input type="text"/>
Loss of Rent	Arising from events for which the Building & Contents are insured.	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the total annual rent of the premises? \$ <input type="text"/>
Strata Title Mortgagee's Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the value of the outstanding mortgage? \$ <input type="text"/>
Optional Tenant Covers	Available for property where a licenced, practicing property manager is engaged.	
Damage By Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tenant Rent Default	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tenancy Details

Is the tenant currently in arrears of rent or is there reason to believe that the tenant is engaging in behaviour that may result in a breach of lease conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Lease Period (months)	<input type="text"/>
How many separate self-contained dwellings/units do you own in this property?	<input type="text"/>
Total weekly rent of all the tenancies in this property	\$ <input type="text"/>
Is the property managed by a licenced Property Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing agent details	<input type="text"/>
Is the property scheduled for demolition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property currently occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please tick reason	<input type="checkbox"/> Seeking Tenants <input type="checkbox"/> For Sale <input type="checkbox"/> Renovating <input type="checkbox"/> Display Home <input type="checkbox"/> Other

Previous Losses / Insurance History

Have you ever had any type of insurance proposal declined or any type of policy cancelled or renewal refused or had special terms or conditions imposed by any insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of theft or fraud in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had 3 or more loss of rent or building claims on any rental property over the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of an existing circumstance that may lead to a claim under this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to any of the above please supply details including the name of previous insurers:

Duty of Disclosure & Insured Declaration

YOUR DUTY OF DISCLOSURE

Before You enter into an insurance contract 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 Proposal for insurance is acceptable and to calculate how much premium is required for Your insurance.

The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time You provide answers or make disclosure and the Relevant Time, You need to tell Us.

The Act imposes a different duty the first time You enter into the Policy with Us to that which applies when You renew, vary, extend, reinstate or replace Your Policy. We set these two duties out below.

Your Duty of Disclosure when You enter into this Policy with Us for the first time

You will be asked various questions when You first 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.

Your Duty of Disclosure when You renew, vary, extend, reinstate or replace Your Policy When You renew, vary, extend, reinstate or replace the Policy, Your duty is to tell Us before the renewal, variation, extension, reinstatement or replacement is made, every matter known to You which: You know, or a reasonable person in the circumstances could be expected to know, is relevant to Our decision whether to insure You and whether any

special conditions need to apply to Your Policy.

What You do not need to tell Us for either duty You do not need to tell Us about any matter: that diminishes our risk; that is of common knowledge; that We know or should know as an Insurer; or that We tell You We do not need to know.

Who do the two duties above apply to?

Everyone who is insured under the Policy must comply with the relevant duty.

What happens if You or they do not comply with either 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.

PRIVACYNOTICE 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.

Insured Declaration

I declare that:

- This declaration applies to all insurances I have applied for in this application.
- I have read the Product Disclosure Statement.
- I have answered each question fully and frankly.
- I have completed this application personally or, if it has been completed by someone else, I have checked that the questions have been fully and accurately answered.
- I authorize the Insurers to obtain information it may need regarding my claims and prior insurance history.
- I authorize the Insurer to make inquiries from third parties to verify claims history and other information.
- 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.

Signature of the managing agent/insured or authorised person

Print name

Date

Please forward this form along with any attachments to:

Email: admin@sgua.com.au | Fax: (08) 9417 9294 | Post: P O Box 3701, Success, WA 6964

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