

ALL CLASS INSURANCE BROKERS P/L

FACT FINDER – DOMESTIC LANDLORD

Date:

Advice Required:

Specific

General

Source:

Yellow Pages

Counter

Other :

Insured name:

Registered Owner

Date of Birth

ABN:

Contact Name:

Postal Address:

Email address:

Website:

www.

Contact Numbers:

Business Hour:

After Hour:

Mobile:

Fax :

Occupation/Profession:

Experience (Business):

Interested Parties:

Current Insurer:

Current Broker:

Expiry Date:

Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:

(a) Refused to renew / cancelled or terminated a policy

Yes No

(b) Refused a claim or required an increased premium under the policy?

Yes No

(c) Imposed special conditions under the policy?

Yes No

(d) Have you been convicted on any criminal offence or been declared bankrupt?

Yes No

(e) Have you had any claims in the past 5 Years?

Yes No

If YES to any of the above, give details below:

Policy Cover:	<input type="checkbox"/> Defined Events	<input type="checkbox"/> Accidental Damage
	<input type="checkbox"/> Landlords	<input type="checkbox"/> Prestige

SUM INSURED

Size of Building:	square metre
Building:	\$
Contents:	\$

Specified Valuables in the Home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Item	Value (\$)	Item	Value (\$)
TOTAL:	\$		\$

Personal Valuables Outside the Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specified Items	Value (\$)
Description	Value (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Unspecified Items? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sum Insured: \$
Limit any one item \$	Total:\$
Domestic Workers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of workers:
Landlords Insurance: Weekly Rental: \$	
Malicious Damage By Tenant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tenant Default: <input type="checkbox"/> Yes <input type="checkbox"/> No

INSURED PROPERTY DETAILS

Dwelling Type:
<input type="checkbox"/> Home <input type="checkbox"/> Holiday Home <input type="checkbox"/> Home Unit <input type="checkbox"/> Town House <input type="checkbox"/> Duplex <input type="checkbox"/> Flat
Occupant Type:
<input type="checkbox"/> Client <input type="checkbox"/> Tenant <input type="checkbox"/> Other:

Construction: <input type="checkbox"/> Double Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Concrete <input type="checkbox"/> Fibro <input type="checkbox"/> Metal <input type="checkbox"/> Wood
Fire Protection:

BURGLARY PROTECTION

Deadlocks on all external Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Back to Base Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keyed window Locks on all windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bars or grills on all accessible windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property on more than 10 acres?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Surveillance key or card to common areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property used for Business use? If yes what type of Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live in Manage / Caretaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property occupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe or other system (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the home be unoccupied more than 60 days	<input type="checkbox"/> Yes <input type="checkbox"/> No

INTERESTED PARTIES

Mortgage 1	Name	
	Address	

Mortgage 2	Name	
	Address	

Other Discussions or recommendations:

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Completed by:

Date:

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..... / / 20.....

OTHER SERVICES

(Ensure that you remind the client of our other services, please note confirmation of this and that you have made any necessary referrals.)

Product	Informed Client Y/N	Passed On Referral Y/N
Finance /Leasing		
Life Insurance		
Income Protection		
Trauma		
Disability		
Key man		
Business Expenses		
Travel Insurance		
Audit Insurance		
Motor Vehicle		
Professional Indemnity Insurance		
Management Liability		
Transit		
Heavy Motor		
Construction		
Business Insurance		

Have you Made appointment for Broker to Visit ClientY/N
Is Risk Survey and Photos Required..... Y/N

GENERAL NOTES