

Landlord Insurance Quotation

Please complete and return this form and we will be back to you within 48 hours.

Insured Details

Surname First name DOB

Email Phone Retired Yes No

Postal Address Postcode

Insured risk address Postcode

Sums insured

Sum Insured: Building \$ Contents \$ Valuables \$

Construction and security

Year of construction Building type: Home Unit Other Construction type: Brick Timber Other

If other: If Other:

Security:

Back-to-base alarm Window bars/grills Deadlocks doors

Keyed Window locks Fixed safe Local alarm

Weekly rent

Is the property managed by a real estate Yes No

Is malicious damage required Yes No

Is rent default/theft by tenant required Yes No

Is accidental damage required Yes No

Have you had any claims in the past 5 years? Yes No

Please provide details of claims

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Signature Date

Can we help you with a quote on:

Motor Vehicle Boat Caravan Life Insurance Business Insurance