

# Proposal

## Home and Contents Insurance

Underwritten by Certain Underwriters at Lloyd's

### Form completion

Please answer all questions. Please tick (✓) appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate sheet of paper and attach it to the Proposal Form.

### Meaning of words used in this form

In this Proposal form these words have the following meaning:

**You or Your means** Company or Companies; person or persons named as the Assured in the Insurance Schedule and their Immediate Family.

**Immediate Family means** the Assured's spouse (legal or de facto), unmarried children and parents of the Assured and their spouses, where such person(s) permanently reside(s) with the Assured.

**Property means** the dwelling, residential flat, home unit or that portion of the Building used as a business office at the Situation.

**Excess** is the amount you elect to pay towards each claim (plus the earthquake excess if applicable).

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**Mansions of Australia Limited**  
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#### **Duty of Disclosure** (Please read this carefully)

Prior to entering into a contract of general insurance you have a duty to disclose certain information. You have the same duty of disclosure prior to renewing, extending, varying or reinstating a general insurance contract.

#### **What you must tell us**

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

#### **Who needs to tell us**

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

#### **If you do not tell us**

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

#### **Important**

This Duty of Disclosure applies to all the people named under Proposer details. Please read the PDS carefully to ensure:

- you are aware of all your contractual rights and obligations;
- the policy provides the cover you require; and
- you are aware of the limits regarding policy coverage and what we will pay you under the policy.

**1. Proposer 1**

Surname (Family Name)

First Name(s)

Telephone No. Date of Birth

 / /

Occupation & Type of Business (details please)

**Proposer 2**

Surname (Family Name)

First Name(s)

Telephone No. Date of Birth

 / /

Occupation & Type of Business (details please)

**2. The Insurance is to:**

**Start**

 / /

**and to end at 4:00pm**

 / /

**3. What is the address of the Property(ies) to be insured?**

1 Unit No./Street No. and Name

Suburb

Postcode

2 Unit No./Street No. and Name

Suburb

Postcode

**4. Do you have a mortgage on the Property(ies)?**

Property No. 1 YES  NO

Property No. 1 YES  NO

If YES please give details:

**Property No. above and mortgage**

**Property No. above and mortgage**

**5. What is your residential address?**

**6. What are the outside walls made of?**

Property No. 1 2

Brick

Timber

Other

If Other please detail:

**7. What is the roof made of?**

Property No. 1 2

Tiles

Slate

Iron

Other

If Other please detail:

**8. Is the Property structurally sound, watertight and in a good state of repair?**

Property No. 1 2

YES

NO

If NO please give details:

**9. Is any business activity carried out at the Property(ies)?**

Property No. 1 2

YES

NO

If YES please give details:

**10. About the Property: (please ✓ if YES)**

Property No.

1 2

Is it on the waterfront?

Is it on town water?

Does it have a swimming pool?

Does it have a tennis court?

Has it or the surrounding area

ever suffered from (a) a flood?

(b) a bushfire?

If YES to either (a) or (b) please give details:

**11. Is any part of your Property ever open to the public or let out for display?**

Property No. 1 2

YES

NO

If YES please give details: (a) for what purpose?

(b) do you charge a fee?

**12. Does the Property have a fixed pontoon and/or jetty?**

Property No. 1 2

YES

NO

If YES for a pontoon please:

(a) state length

 metres

(b) state replacement value

 \$

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All questions must be completed in full by the Assured

**13. How old is the main building of the Property?**

Property No. **1** **2**  
**AGE**

If the main building is over 75 years of age, has the electrical wiring and plumbing been renewed in the last 20 years?

Property No. **1** **2** **1** **2**  
**YES**   **NO**

**14. Is the Property Heritage Listed?**

Property No. **1** **2** **1** **2**  
**YES**   **NO**

**15. What kind of Property is it?**

Property No. **1** **2**

Private Home

Home Unit/Flat

Holiday Home or Unit

Other

If Other please give details:

**16. Is the property on acreage?**

Property No. **1** **2** **1** **2**  
**YES**   **NO**

**17. How is the Property occupied?**

Property No. **1** **2**

Owner Occupied

Tenanted

Tenant

Unoccupied

Other

If Unoccupied or Other please give details:

**18. Do You share the Property with anyone other than Your spouse (legal or de facto), unmarried children, Your parents or their spouses?**

Property No. **1** **2** **1** **2**  
**YES**   **NO**

If **YES** please give details:

NAME	RELATIONSHIP
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Note:** These occupants are **NOT** covered under this insurance unless cover is requested and we agree in writing to do so.

**19. Is the Property protected by any of the following?**

(please  if **YES**)

	Property No. <b>1</b>	<b>2</b>
<input type="checkbox"/> Back to base alarm	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local alarm	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sprinkler system	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Key operated dead locks on all external doors	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Key operated locks on all accessible windows	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Safe	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Security grilles	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Auto lighting sensors	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

If Other please specify:



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All questions must be completed in full by the Assured

**20. Please show the Sum Insured You wish to insure Your Property for against each item. If more than one Property insured show a Sum Insured for each.**

**Section 1 Item 1 Building** (exclude any figure shown against (b) in Question 12.)  
 - Including Removal of Debris and Professional Fees

Property <b>1</b>	Property <b>2</b>
\$ <input type="text"/>	\$ <input type="text"/>

**Section 1 Item 2 Contents**

- Other than Special Contents listed below. Note: You should insure for the full replacement value of your contents.

\$ <input type="text"/>	\$ <input type="text"/>
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**Special Contents**

- excluding Jewellery and Silver listed below. Please provide an Asset Schedule.

\$ <input type="text"/>	\$ <input type="text"/>
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**Special Contents**

- Jewellery and Silver (only list items over the automatic policy limits). Please provide an Asset Schedule. A valuation no more than three (3) years old is required for all items of jewellery insured for \$25,000 or more.

\$ <input type="text"/>	\$ <input type="text"/>
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**Section 2 Legal Liability**

\$ 20,000,000	\$ 20,000,000
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**Section 3 Specified Personal Property**

A valuation no more than three (3) years old is required for all items of jewellery insured for \$25,000 or more.

\$ <input type="text"/>	\$ <input type="text"/>
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**21. Excess – \$500 minimum (higher excess available if required)**

\$ <input type="text"/>	\$ <input type="text"/>
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**22. Have You had any Building, Contents or Valuables insurance in the last 5 years?**

Property No. **1** **2** **1** **2**  
**NO**   **YES**

If **YES** please give name of insurer

**23. Have You made a claim against any insurer for Property insurance in the last 5 years?**

NO  YES  If YES please give details:

Name of Company	Date of Loss	Details of Claim	Amount Paid
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

**24. Are there any circumstances that occurred in the last 5 years, other than those listed in Question 22, that could have given rise to a claim under a Property insurance policy whether insured or not?**

NO  YES  If YES please give details:

What occurred and what was the end result?



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All questions must be completed in full by the Assured

**25. Has any Insurer EVER refused to renew Your insurance cover, cancelled Your insurance cover, rejected Your application for insurance or required special terms to insure You?**

NO  YES  If YES please give details:

Name of Insurer	Date	Type of Policy	Reason for refusal, cancellation etc
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

**26. Have You, or any person who would receive insurance protection under this insurance EVER been charged OR convicted OR do you have any charge pending for any offence involving fraud, theft, drugs, dishonesty of any kind or any other criminal offence?**

NO  YES  If YES please give details:

Details of each offence	Date Charged/Convicted	Penalty
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

**Our Privacy Commitment**

Mansions of Australia respects the privacy rights of its members and customers and is committed to complying with all applicable privacy laws. These laws include the Privacy Act 1988, which incorporates the National Privacy Principles for the fair handling of personal information, as administered by the Office of the Federal Privacy Commissioner.

What this means for You: We will be fair in the way We collect personal information and We will only collect personal information necessary for what We do. We will be open with what We do with Your personal information and it will only be used or disclosed in ways that are reasonable. We will be open with You about the personal information We hold about You and We will let You correct it should it be wrong. You can contact Mansions of Australia on (02) 9256 8780 if you wish to access or update your personal information or if you wish to obtain a copy of our Private Policy.

**I/We declare that:**

I/We have read the information on page 1 of this Proposal for insurance and confirm that this advice was provided to me/us prior to entering into the contract of insurance.

I/We understand to the best of my/our knowledge and belief that the information provided herein is true and correct in every respect and I/we have not withheld any relevant information.

I/We am/are aware that my/our insurance broker knows the insurance wording and agree to accept the insurance subject to the terms, exclusions, conditions and limitations of the PDS.

I/We having disclosed my/our previous insurer I/we hereby authorise Mansions of Australia to obtain from them claims and any other information necessary to enable them to assess this Proposal for insurance.

I/We acknowledge that the personal information Mansions of Australia Limited (Mansions) collects from me/us is collected for the purpose of processing this application, fulfilling Mansions obligations in providing services to me/us, for the development of products and services, and to allow the corporate group of which Mansions forms a part of to market products and services.

If I/we do not provide relevant information, I/we acknowledge that Mansions may be unable to process my/our application. I/We acknowledge that information may be disclosed to: Intermediaries through which I/we deal with Mansions (for instance an agent, broker or financial advisor); Other reputable service providers (for instance mailing houses); Claims assessment participants (for instance an assessor, investigator and/or loss adjustor); and/or Underwriters, who are responsible for part/all of the risk under a contract of insurance.

By signing this application form, I/we consent to Mansions collecting and using this information for these purposes. I/We are aware that this is subject to my/our right to opt out of receiving various marketing material at any time. I/We acknowledge that I/we have rights to access my/our personal information held by Mansions in accordance with the National Privacy Principles.

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**PROPOSER 1**

**PROPOSER 2**

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THIS PROPOSAL MUST BE SIGNED AND DATED BY THE PROPOSER(S)