

Commercial Landlord Insurance Quote Request

Insured Details

Insured Name	<input type="text"/>
ABN	<input type="text"/>
Situation of Insured Property	<input type="text"/>
Mailing Address	<input type="text"/>
Start Date for Insurance	<input type="text"/>

Property Details

Wall Construction	<input type="text"/>	Floor Construction	<input type="text"/>	Roof Construction	<input type="text"/>
Year Built	<input type="text"/>	Is any part of the building heritage listed? (Yes/No)	<input type="text"/>		
Type of Unit	<input type="checkbox"/> Office <input type="checkbox"/> Factory <input type="checkbox"/> Retail Shop <input type="checkbox"/> Other (please specify) _____				
Occupation of tenants	<input type="text"/>				

Cover Required

Property Cover (Please specify limit)	\$ <input type="text"/>
Loss of Rent (Please specify limit)	\$ <input type="text"/>
Theft (Please specify limit)	\$ <input type="text"/>
Glass (Please specify limit)	\$ <input type="text"/>
Liability (Please specify limit)	\$ <input type="text"/>

Duty of Disclosure Details

Have you had any claims in the last 3 years? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the insurance on this risk ever been declined or had special terms imposed? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the premises occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any hazards/defects associated with the property? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Insurer	<input type="text"/>	Current Excess	\$ <input type="text"/>

Your Details

Mr / Mrs / Miss / Ms	First Name	<input type="text"/>	Last Name	<input type="text"/>
Job Title	<input type="text"/>			
Company	<input type="text"/>			
Telephone	<input type="text"/>	Facsimile	<input type="text"/>	
Mobile	<input type="text"/>	E-mail	<input type="text"/>	