

Home/Landlords Fact Finder



Sunshine Coast
Phone 1800 072 114
North & Central Queensland
Phone 1800 629 701
www.steelpacific.com.au

Date: _____

Brokers please note: this form should be discussed with your client as a Fact Finder and then reviewed by yourself when providing this information to an Insurer to ensure coverage and sums insured are appropriate.

Download and Save this file to your computer before completing.
This file is an interactive PDF and will let you type data into the form and save it.

Advice Required Specific General

Source Yellow Pages Counter Internet Referred by: _____

INSURED'S GENERAL INFORMATION

Name of Insured(s) _____
 D.O.B _____ Company Name _____
 Situation of Risk _____
 Phone (Business) _____ Fax _____
 Mobile Phone _____ Email _____
 Are you willing to accept all correspondence relating to your insurance via email? Yes No
 If 'Yes' please confirm email details correct.
 Policy Type Landlords Home Buildings Home & Contents Contents Only

TYPE OF INSURANCE

Cover Type Accidental Damage Defined Events Only
 Building Sum Insured \$ _____ Contents Sum Insured \$ _____

Specified Contents
 1) _____ \$ _____
 2) _____ \$ _____
 3) _____ \$ _____
 Specified Valuables Cover: _____ \$ _____

Year Built _____ If over 50 years; rewired? Yes No

Construction
 Walls Brick Veneer Timber Concrete Block
 Floor Concrete Timber
 Roof Colourbond Tile Iron Other _____
 How many storeys? _____ How many units? _____
 Swimming Pool/Spa? Yes No If 'Yes', please specify _____
 Lifts/Hoists Yes No If 'Yes', please specify _____

Security & Fire Protection
 Smoke Detectors Yes No
 Alarm Local Base
 Doors Standard Deadlocks Double Deadlocks
 Windows Standard Keyed Locks Grills & Screens

Occupancy Owner Occupied Tenanted Holiday Home

Mortgagee _____

Flood required? Yes No Flood Prone Area? Yes No Any Flood claims? Yes No

Flood / Inundation Has the Land been subject to Flood or Inundation by water? Yes No

Storm Surge required? Yes No Storm Surge Prone Area? Yes No Any Surge claims? Yes No

Business from Home Do you own or operate any business from home? Yes No
 If 'YES', a separate Public Liability Policy is required. Complete the Liability Section of the Commercial Business Needs Analysis

Claims in last five (5) years:

Date _____	Date _____	Date _____	Date _____
Payout _____	Payout _____	Payout _____	Payout _____
Description _____	Description _____	Description _____	Description _____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Insurer _____ Policy Number _____
Expiry Date _____ Excess _____

Rent Default Annual / Weekly Rental Income \$ _____
Tenant Damage Yes No Tenant Rent Default Yes No Loss of Rent Cover required? Yes No
Land Size Is Land Size Greater > than 2 Hectares? Yes No If 'Yes', size _____
Additional Features Are there Jetties, Pontoons, Marinas etc? Yes No If 'Yes', size _____

DUTY OF DISCLOSURE

In the past 5 years, have you or any person to be insured under this policy, been convicted of a criminal offence? Yes No
Have you, or any person to be insured under this policy, ever been declared bankrupt, in liquidation or entered into insolvency? Yes No
Has an insurance company ever declined to accept insurance from you, cancelled a policy other than by your request or declined to renew a policy held by you? Yes No

INSURANCE NEEDS

Do you have any other insurance needs not listed above? Yes No
Please specify _____

Outcomes & Comments _____

Account Manager _____ Details Taken By _____
Today's Date _____ WEF Date _____

BROKER ONLY SECTION

Most Important Features

Rank which is most important to the client (in the order of importance, 1 being most important).
_____ Price of the Insurance;
_____ Lower Excess;
_____ The Insurer's Claim Paying Record / Service;
_____ The Insurer's Credit Rating / Financial Strength;
_____ Australian Insurer;
_____ Other — Insert details of Other: _____

Best Interests Assessment

Will the client be better off with a new policy? Yes No
If 'Yes', detail why the client is better off: _____

