

Proposal



Home and Contents Insurance

Underwritten by ACE Insurance Limited

Mansions of Australia
ABN 15 096 726 895
AFS Licence No. 234437
Level 7, 100 Arthur Street
North Sydney, NSW 2060
PO Box 348, Milsons Point, NSW 1565
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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.

Building 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).

Duty of Disclosure (Please read this carefully)

Before you enter into or renew an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth).

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

We may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to insure you or renew the contract.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

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 11:59pm

 / /

3. What is the address of the Building(s) 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 Building(s)?

Building No. 1 YES NO

Building No. 2 YES NO

If YES please give details:

Building No. above and mortgage

Building No. above and mortgage

5. What is your residential address?

6. What are the outside walls made of?

Building No.

1 2

Brick

Timber

Other

If Other please detail:

7. What is the roof made of?

Building No.

1 2

Tiles

Slate

Iron

Other

If Other please detail:

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

Building No.

1 2

YES

NO

If NO please give details:

9. Is any business activity carried out at the Building(s)?

Building No.

1 2

YES

NO

If YES please give details:

10. About the Building: (please ✓ if YES)

Building 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 Building ever open to the public or let out for display?

Building No.

1 2

YES

NO

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

(b) do you charge a fee?

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

Building No.

1 2

YES

NO

If YES for a pontoon please:

(a) state length

 metres

(b) state replacement value

 \$


MANSIONS OF AUSTRALIA

All questions must be completed in full by the Assured

13. How old is the main building of the Building?

Building 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?

Building No. **1** **2** **1** **2**
YES **NO**

14. Is the Building Heritage Listed?

Building No. **1** **2** **1** **2**
YES **NO**

15. What kind of Building is it?

Building No. **1** **2**

Private Home

Home Unit/Flat

Holiday Home or Unit

Other

If Other please give details:

16. Is the Building on acreage?

Building No. **1** **2** **1** **2**
YES **NO**

17. How is the Building occupied?

Building No. **1** **2**

Owner Occupied

Tenanted

Tenant

Unoccupied

Other

If Unoccupied or Other please give details:

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

Building 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 Building protected by any of the following?

(please if **YES**)

	Building No. 1	2
<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:

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

Building 1	Building 2
\$ <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?

Building No. **1** **2** **1** **2**
NO **YES**

If **YES** please give name of insurer



All questions must be completed in full by the Assured

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

NO YES If YES please give details:

Name of Company	Date of Loss	Details of Claim	Amount Paid
	/ /		
	/ /		

24. Are there any circumstances that occurred in the last 5 years, other than those listed in Question 23, that could have given rise to a claim under a Building insurance policy whether insured or not?

NO YES If YES please give details:

What occurred and what was the end result?

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
	/ /		
	/ /		

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
	/ /	
	/ /	



All questions must be completed in full by the Assured

Arranged by SUA Agency Services Pty Ltd t/as Mansions of Australia ('Mansions'), underwritten by ACE Insurance Limited ('the Insurer').

Our Privacy Commitment

For the purposes of this Privacy Statement only, all references to "we", "us" or "our" mean ACE and Mansions, unless specified otherwise.

Mansions and ACE respect the privacy rights of its members and customers and are committed to complying with all applicable privacy laws. These laws include the Privacy Act 1988 (Cth).

Mansions and ACE are committed to protecting the privacy of persons covered under the policy. We and, where applicable, Mansions, acting as our agent, collect, use and retain any personal information in accordance with the Privacy Act 1988 (Cth). Our detailed Privacy Policy is available on our website at www.acegroup.com/au. Mansions' detailed Privacy Policy is available at www.mansions.com.au.

We collect personal information (which may include sensitive information) to determine whether to provide this insurance and the cover under it, to administer it once it is in place and to handle or settle any claims made under it. If you do not consent to the terms of our Privacy Policy or revoke your consent then we may not be able to process your application for insurance or investigate or assess any claim.

We collect information directly from you or your agent or via our agents and/or representatives.

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information. The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including contractors and contracted service providers engaged by us to deliver our products and services or carry out certain business activities on our behalf (such as assessors and call centres) in relation to such products and services including to other companies within our groups of companies, other insurers, our reinsurers, and government agencies (where we are required to by law) and agents and/or representatives of persons covered under the policy.

These third parties may be located outside Australia. Lists of countries in which recipients of your information are likely to be located are available at our respective websites.

Anyone covered under the policy agrees to us using and disclosing personal information as set out in this Privacy Statement. This consent remains valid unless the person alters or revokes it by giving written notice to our Privacy Officer.

If a person covered under the policy wishes to access a copy of personal information pertaining to them, or to correct or update such personal information, or has a complaint or wants more information about how we manage a person's personal information, those persons should contact the Privacy Officer, ACE Insurance Limited, GPO Box 4907, Sydney NSW 2001, Telephone: +61 2 9335 3200 or email Privacy.AU@acegroup.com or, in the case of Mansions you can contact Mansions' Privacy Officer, PO Box A2016, Sydney South NSW 1235, Telephone +61 2 9307 6656 or email privacyofficer@steadfastagencies.com.au

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 on 1300 738 308 and ACE on 1800 815 675 if you wish to access or update your personal information or if you wish to obtain a copy of our Privacy Policy.

If you are providing us with personal information about other individuals, we rely on you to have made or to make them aware that you will or may provide their personal information to us and the Insurer, ACE Insurance Limited, in accordance with our respective Privacy Policies. We rely on you to have obtained their consent to the collection use and disclosure of their personal information. If you have not done or will not do these things you must tell us before you provide us the relevant information. For more information on our respective Privacy Policies please review ACE's Privacy Policy at www.acegroup.com/au and Mansions of Australia's Privacy Policy at www.mansions.com.au

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, having disclosed my/our previous insurer, hereby authorise Mansions/the Insurer 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/the Insurer collects from me/ us is collected for the purpose of processing this application, fulfilling Mansions/the Insurer's obligations in providing services to me/us, for the development of products and services, and to allow the corporate group of which Mansions/the Insurer forms a part of to market products and services.

I/We consent to Mansions/the Insurer using the personal information (including sensitive information) I/we have provided on this Proposal Form for the purposes of administering my/ our insurance. I/We consent to the disclosure of personal information (including sensitive information) to third parties and overseas where it is reasonably necessary for the purposes of administering my/our insurance. I/We understand that if this consent is not given Mansions/the Insurer will not be able to administer my/our insurance.

By signing this Proposal Form, I/we consent to Mansions/the Insurer 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 in accordance with applicable law.

I/We have received or downloaded from the internet the Financial Services Guide, Product Disclosure Statement and Policy Wording.

I/We have read and understood the Financial Services Guide, Product Disclosure Statement and Policy Wording.

PROPOSER 1*

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PROPOSER 2*

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