



Masterpiece Quotation Sheet

To: _____ Fax No: **03 9642 0909**

From: _____ Broking House _____ Broker Ph No. _____

Policy Period 12 months from ____/____/____ to ____/____/____ Broker Email. _____

CLIENT INFORMATION

Named Insured: _____ Insured's Age/Date of Birth: _____

Situation to be insured: _____ Occupation and employer details: _____

SUMS INSURED

Home & Contents Coverage

Building Sum Insured: \$ _____ Deductible: \$500 \$1,000 Other \$ _____

Contents Sum Insured: \$ _____

Valuable Articles Coverage (in addition to general contents)

Jewellery Sum Insured: \$ _____ No. of Items: _____ Most Expensive Item: \$ _____

Fine Arts Sum Insured: \$ _____ No. of Items: _____ Most Expensive Item: \$ _____

Cameras: \$ _____ Wine: \$ _____ Musical Instruments: \$ _____ Other: \$ _____

(NOTE: A Valuable Articles Profile will need to be completed if the jewellery sum insured is greater than \$250,000)

RISK DETAILS

External Construction: Brick Wood Concrete

Roof Construction: Iron Tile Slate

Year of construction: _____

Heritage Listed? Yes No

Has the property been renovated? Yes No

Are any renovations planned in the next 12 months? Yes No

If yes, type and cost: _____

Newly built homes: Has all work been completed with no trades people remaining onsite? Yes No

If no, what remains outstanding: _____

Security :

Deadlocks - All access doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Keyed Window Locks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Burglar Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monitored <input type="checkbox"/> <input type="checkbox"/> Local
Smoke Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monitored <input type="checkbox"/> <input type="checkbox"/> Local
Safe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fixed <input type="checkbox"/> <input type="checkbox"/> Freestanding
Other security:			Make / Model / Cash Rating if known: _____

LOSS HISTORY

Has the proposer:

(i) Had any circumstances that occurred in the last five years that could have given rise to a claim under a household insurance policy whether insured or not? Yes No

Please give details (including type of loss, dates and amounts paid): _____

(ii) Ever been refused insurance (new or renewal), had insurance cancelled or cover rejected? Yes No

(iii) Ever been charged or convicted of a criminal offence in the last ten years (with the exception of traffic offences)? Yes No

If Yes to any question, please give full details. _____



Cover Extensions (Please cross if required)

Flood Coverage

Personal Liability Coverage

Deluxe Home Business Property Cover

(NOTE: A separate Home Business Quotation Sheet will need to be completed)

General Information.

Present Underwriter: _____ Present Base Premium \$ _____

Mortgagee: _____

General Comments: _____

This document does not constitute an offer of cover. A quotation based on information contained herein will be forwarded to you.

Chubb Insurance Company of Australia Ltd

ABN 69 003 710 647

AFS Licence Number 239778

Privacy Collection Statement

In the course of providing insurance and processing insurance claims, we need to collect personal information about persons we insure and persons associated with persons we insure. In accordance with the *Privacy Act 1988*, this statement contains the information required to be given to persons about whom we collect personal information.

About us

We are the Chubb Insurance Company of Australia Limited (ABN 69 003 710 647, AFS licence number 239778).

You may contact us by writing to Chubb Insurance Company of Australia Limited:

Sydney: Level 29, 2 Park Street,
Sydney, NSW 2000

Melbourne: Level 14, 330 Collins Street,
Melbourne, VIC 3000

Perth: Level 22, Exchange Plaza,
2 The Esplanade, Perth WA 6000

Brisbane: Level 24, 12 Creek Street
Brisbane, QLD 4000

Your access to your personal information

You can request access to personal information which we hold about you. Your rights to access and our rights to refuse access are set out in the *Privacy Act 1988*.

Our use of personal information

We may at any time use personal information we collect about you for any of the following purposes:

- to provide a quotation or assess a proposal for insurance
- to provide, amend or renew an insurance policy
- to respond to a claim
- to provide you with information about Chubb and the products and services we provide

Our disclosure of personal information

We may at any time disclose personal information we collect about you to the following types of organisations (some of which may be outside Australia):

- Our Insured
- your broker or agent
- Our Insured's broker or agent
- Other insurers
- Re-insurers
- The Health Insurance Commission
- Professional advisors, such as medical practitioners, accountants and lawyers
- External valuers and appraisers
- Loss adjusters and other investigators
- Other organisations that provide services to us in relation to the provision of insurance.

If you do not provide us with the personal information we need

We only collect personal information that we need to provide insurance to you or to a person with whom you are associated, and to respond to any claims that you or that other person makes under an insurance policy with us. If you do not give us this information we may not be able to provide insurance or process a claim.

Our privacy policy

Please contact us if you would like a copy of our privacy statement