

REQUEST FOR QUOTE - Please complete sections in full

YOUR DETAILS

Company/Business: _____

Your Name: _____

Postal Address: _____

Contact Phone Number: _____

Email: _____

Date of Birth: Name: _____ DOB: _____
 Name: _____ DOB: _____

How did you come to hear about us (eg. Email, Roadshow)? _____ If referred by a current client please give their name: _____

TOOLS, PLANT & EQUIPMENT

COVERING - accidental physical loss or damage to tools, plant and equipment
 CLAIM EXAMPLES - a fire destroys the building and its contents, burglary of tools from the site

Current Insurer: _____

Due Date of Current Policy: _____

Have you had any claims in the last 5 years? No Yes (if yes, please advise details)

Replacement Value of Equipment: \$ _____

LIABILITY - PUBLIC / STATUTORY / EMPLOYERS / E&O (Professional Indemnity)

COVERING - liability to other people for accidents or mistakes happening in connection with your occupation
 CLAIM EXAMPLES - an employee puts his foot through the ceiling, accidentally burns down house next door

Current Insurer: _____

Due Date of Current Policy: _____

Have you had any claims in the last 5 years? No Yes (if yes, please advise details)

Public Liability Limit: \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000

Statutory Liability Limit: \$ 500,000 \$1,000,000

Estimated Turnover: \$ _____

Number of Employees (salary or wage earners only): _____

How long have you been building: _____ year/s

How long have you had this company: _____ year/s

ANNUAL CONTRACT WORKS

COVERING - loss or damage to building projects in course of construction

CLAIM EXAMPLES - fire, storm, theft of materials

Current Insurer: _____

Due Date of Current Policy: _____

Have you had any claims in the last 5 years? No Yes (if yes, please advise details)

Estimated Turnover: \$ _____ (based on the last 12 months)

Maximum value any one house: _____ (based on the last 2 years)

MOTOR VEHICLES (include trailers)

COVERING - loss or damage to vehicles and Third Party liability

CLAIM EXAMPLES - vehicle involved in nose to tail accident at intersection, broken windscreen

Current Insurer: _____

Due Date of Current Policy: _____

Have you had any claims in the last 5 years? No Yes (if yes, please advise details)

Date of Birth of Main Drivers:

Name: _____ DOB: _____

Name: _____ DOB: _____

Year	Make	Model	Registration Number	Market Value (excl GST)	Business Use / Private Use
					Business / Private
					Business / Private
					Business / Private
					Business / Private
					Business / Private
					Business / Private

OTHER POLICIES

Tick the boxes if you would like more information on other policies (other policies are available).

- | | | | |
|--------------------------|--------------------------------|--------------------------|---|
| <input type="checkbox"/> | Material Damage | <input type="checkbox"/> | Sub-Contractors Payment Guarantee |
| <input type="checkbox"/> | Business Interruption | <input type="checkbox"/> | Homefirst Builders Guarantee |
| <input type="checkbox"/> | Directors & Officers Liability | <input type="checkbox"/> | Leaky Home Remediation Warranty / WaterTight Warranty |
| <input type="checkbox"/> | Cargo (Goods In Transit) | <input type="checkbox"/> | Commercial Defects Guarantee |

Other: _____

PERSONAL INSURANCES

HOUSE

Current Insurer: _____

Due Date of Current Policy: _____

Have you had any claims in the last 5 years? No Yes (if yes, please advise details)

Situation of Property:

Replacement Value of Building: \$ _____ Own Rental

Area in square metres: _____ sqm

When was your house built: _____

Is your water supply from: Town Tank

Current Excess: \$400 \$750 \$900 \$1,400 Other: \$ _____

DOMESTIC CONTENTS

Current Insurer: _____

Due Date of Current Policy: _____

Have you had any claims in the last 5 years? No Yes (if yes, please advise details)

Situation of Property:

Sum Insured: \$ _____

Required Excess: _____

Do you have a burglar alarm? No Yes

If yes, is it monitored? No Yes

BOAT / JET SKI

Current Insurer: _____

Due Date of Current Policy: _____

Have you had any claims in the last 5 years? No Yes (if yes, please advise details)

Year/Make/Length :

Powered By: _____

Trailerred: No Yes

Total Sum Insured: \$ _____

(Because of the personal nature and importance of these we will need to contact you to discuss them in more detail)

Name of Main Life to be Insured: _____

Date of Birth: _____

Smoker:

No

Yes

Health:

Excellent

Good

Indifferent

Cover Required: (Please tick box)

INCOME PROTECTION

Weekly benefit if sick or hurt

LIFE INSURANCE

Life Insurance for fixed term - say 10 years

MEDICAL

Hospital and medical costs

KIWISAVER

Investment for retirement

ACC

Optimise your contributions & cover

CBA INSURANCES ARE **SPECIALISTS** IN INSURANCE FOR BUILDERS AND TRADESPEOPLE.

WE PROVIDE TAILORED, **COST EFFECTIVE** COVER FOR
ALL BUILDING INDUSTRY PROFESSIONALS.

We provide friendly, helpful advice about what risks you should be insured against. We will canvas the entire insurance market to obtain the best possible insurance protection to meet your individual needs and at the most competitive price. Then we'll arrange the insurance policy and documentation on your behalf.

If you need to make a claim, we help you through the process. We can even help or offer advice if you're making claims with other insurance companies.

Whether it's personal or business, having the correct insurance is vital. The wrong or inadequate protection can lead to disaster for individuals, families and businesses. The right advice makes all the difference and prevents costly mistakes.

All our clients are builders and tradespeople, so we know the risks you face and the cover you need.

OUR OBJECTIVE:

To provide all professionals working in the construction industry with the best cover at the best possible price.

- Wide wordings
- Excellent claims service
- Extensive experience and knowledge of the industry
- Speedy response times

