

APPLICATION FORM TS-APP-01.2018

55 Broadmeadow Road Broadmeadow NSW 2292 Phone: 1300 302 549 Fax: 02 4954 3660

AFSL: 232 422

www.timbersecure.com.au

IMPORTANT INFORMATION: None of the information provided about TimberSecure takes into account your personal objectives, financial situation or needs. You should seek independent advice before deciding whether this product is right for you.

Please complete all fields and email to support@timbersecure.com.au or fax to 02 4954 3660.

Date										
HOME OWNER	o 1			HOME OWN	ED 2 (IE					
	K I				ER Z (IF /	APPLICABLE				
Name 1				Name 2						
Phone 1				Phone 2						
Email 1				Email 2						
DOB 1				DOB 2						
		V	,				,			
OTHER AUTHORISED CONTACTS (IF APPLICABLE)										
Details of other people that you authorise to have access to this policy										
Name		Phone				DOB				
Name		Phone				DOB				
			·			Y				
ADDRESS OF F	PROPERTY			CORRESPON	DENCE A	ADDRESS (IF	DIFFERENT)			
Address				Address						
State				State						
Postcode				Postcode						
PEST CONTRO	L DETAILS									
Name of Pest Ma	nagement Business*									
Date of Installatio	n									
Is your house buil	t on an infill slab?			Yes		No				
If you are unsure whether the house is built on an infill slab, please contact your pest manager or a builder.										

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PEST CONTROL DOCUMENTATION										
I have attached the following documents from the inspector:										
	Termite Inspection Report		Certificate of Treatment, Certificate of Installation Baiting Site Plan			TimberSecure Appendix A Questionnaire**				
FINAL I	DETAILS									
Where d	id you hear about Tir	mberSecure?								
	I have considered the TimberSecure Product Disclosure Statement/Financial Services Guide, which is available from www.timbersecure.com.au or by contacting 1300 302 549									
	Rapid Solutions also provides a range of other insurances (including home & contents, caravan, boat and motor vehicle). I consent for a Rapid Insurance Broker to contact me in relation to these other insurances.									
Signatur	e 1									
Signatur	e 2 (if applicable)									
Date Signed										
resolution Services G *Unless in pass on d	system by contactir Guide for further inform formed otherwise, w letails of transfers and	ng them on mation on Ro e will notify the d any claims	1300 302 apid Solut he pest m s notified v	549. You should refer to the ions' dispute resolution procedu	Product Dis ure. en issued ai	access Rapid Solutions' dispute sclosure Statement and Financial and is due for renewal. We will also				
PAYME	NT DETAILS									
	Visa			MasterCard		Electronic Funds Transfer				
Card Nu										
Name of										
Expiry Date (MM/YY)										
ELECTRONIC FUNDS TRANSFER DETAILS:										
BSB: Account: Name: Reference Amount:	Rapid Solutions: Your (Policy	Holder) Nam	ne							