



PO BOX 550
KOTARA NSW 2289
Phone: 1300 302 549
Fax: 02 4954 3660
AFSL: 232 422

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.

www.timbersecure.com.au

Date

HOME OWNER DETAILS	
Name 1	
Name 2 (if applicable)	
Phone	
Email	
DOB 1	
DOB2 (if applicable)	

BODY CORPORATE / STRATA	
Contact Name	
Phone	
Email	

OTHER AUTHORISED CONTACTS (IF APPLICABLE)			
Details of other people that you authorise to have access to this policy			
Name	Phone	DOB	
Name	Phone	DOB	

ADDRESS OF PROPERTY	
Address	
State	
Postcode	

CORRESPONDENCE ADDRESS (IF DIFFERENT)	
Address	
State	
Postcode	

PEST CONTROL DETAILS	
Name of Pest Management Business*	
Date of Installation	
Are the units/duplexes built on an infill slab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are unsure whether the units/duplexes are built on an infill slab, please contact your pest manager or a builder.</i>	

PEST CONTROL DOCUMENTATION

I have attached the following documents from the inspector:

Termite Inspection Report for each unit/duplex

Certificate of Treatment, Certificate of Installation or Baiting Site Plan

TimberSecure Appendix A Questionnaire**

FINAL DETAILS

Where did you hear about TimberSecure?

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.

By signing this application 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

Signature

Date Signed

If you have any complaints or queries about your TimberSecure insurance product you can access Rapid Solutions' dispute resolution system by contacting them on 1300 302 549. You should refer to the Product Disclosure Statement and Financial Services Guide for further information on Rapid Solutions' dispute resolution procedure.

*Unless informed otherwise, we will notify the pest manager when the policy has been issued and is due for renewal. We will also pass on details of transfers and any claims notified within the policy period.

**Only required if your termite management system was installed prior to this year's inspection.

PAYMENT DETAILS

Visa

MasterCard

Electronic Funds Transfer

Card Number

Name on Card

Expiry Date (MM/YY)

ELECTRONIC FUNDS TRANSFER DETAILS:

BSB: 082637
Account: 538229747
Name: Rapid Solutions Trust Account 2
Reference: Your (Policy Holder) Name
Amount: \$420 (inc GST & stamp duty)