



20% OFF Domestic Insurances

Exclusive to Clients of SalonCover

*We have pleasure in introducing our Domestic Insurance Plan, insurance services offered exclusively to clients of SalonCover. **Owners, staff, employees, workers, students, suppliers, managers...anyone associated with your business** is eligible.*

Unhappy with insurers, tired of high prices, paperwork all over the place, unsure what cover you are getting, need a comparison quote, little bonus for the staff.....whatever the reason, we can help.

*Attached are various quotation slips, simply complete as required and return for a full market quotation. **No Obligation, Free, Great Cover and Exclusive Rates.***

Home & Contents

Motor Vehicle

Landlords

Staff Discounts

Free Quotes

Great Cover

Full Comparison Services

Full Market Quotation

Home and Contents Insurance Quotation

Fax To: (08) 9474 2080
Email To: info@saloncover.com.au

Business/Employer
Insured Name / D.O.B

Date of Cover Required
Cover Type (circle) Defined Events / Accidental Damage

Property Details

Risk Address
Dwelling Type House / Unit or Flat / Villa or Duplex or Townhouse / Holiday Home
Construction Type
Year Built
Occupancy Owner Occupied / Tenanted
Interested Party/Bank

Security

Deadlocks on External Doors	Y / N
Keyed Window Locks on Windows	Y / N
Local Alarm	Y / N
Monitored Alarm	Y / N (If Y, Type/Company?)

Sums Insured

Building		\$
Contents		\$
Specified Contents (itemise or list all, and values)		\$
		\$
		\$
Unspecified Personal Valuables	\$500/\$3000 or \$1000/\$5000 or other _____	
Specified Personal Valuables (itemise or list all, and values)		\$
		\$

Insurance History

Current/Previous Insurer (*required)	
Please list/describe in last 3 years any:	
Claims	\$
	\$
Criminal Convictions	

Contact Details

How would you like to be contacted? (Please provide address/numbers etc)	
Email	Fax
Post	Phone

Motor Vehicle Insurance Quotation

Fax To: (08) 9474 2080
Email To: info@saloncover.com.au

Business/Employer
Insured Name / D.O.B

Date of Cover Required		
Cover Type (circle)	Market Value / Agreed Value	Comprehensive / 3 rd Party
Sum Insured	\$ _____	

Vehicle Details	
Year / Make / Model	
Body Type / Transmission	
Engine Size / No. Cylinders	
Registration / Engine No.	
Type Security	Immob. / Alarm / Both / None
Usage	Private / Business
Accessories / Modifications (list all, and \$ value of each)	

Driver Details	
Name of Main Driver / DOB	
Other Drivers / DOB	
Garaging Address (incl postcode)	
Kept In	Garage / Carport / Driveway / Street
Interested Party/Bank	

Insurance History	
Current/Previous Insurer (*required)	
No Claim Bonus / Rating	
Please list/describe in last 3 years any:	
Claims	\$
	\$
Driving Offences (include demerit points, fine, speed over limit etc)	

Criminal Convictions	

Contact Details	
How would you like to be contacted? (Please provide address/numbers etc)	
Email	Fax
Post	Phone