



1/5 Pavilion Place
Cardiff, NSW 2285
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 1	
Name 1	
Phone 1	
Email 1	
DOB 1	

HOME OWNER 2 (IF APPLICABLE)	
Name 2	
Phone 2	
Email 2	
DOB 2	

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	
Is your house built on an infill slab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are unsure whether the house is 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

Certificate of Treatment,
Certificate of Installation or
Baiting Site Plan

TimberSecure Appendix A
Questionnaire**

FINAL DETAILS

Where did you hear about TimberSecure?

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 1

Signature 2 (if applicable)

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.

**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: \$360 (inc GST & stamp duty)