



QUOTATION REQUEST

COMMERCIAL STRATA



Please complete and email the completed form to us with the SUBMIT button on p.2 Acrobat Reader 8 or later users can also save a copy.

You must fulfil your Duty of Disclosure by:

- Answering all questions honestly;
 - Telling us everything that you know and a reasonable person in the circumstances would include in answering the questions; and
 - is relevant to our decision whether and if so, on what terms, to insure you.

It is important that you understand, that you are disclosing to us and answering our questions for both you and anyone else who you want to be covered by the policy.

- If you do not answer our questions honestly and completely, we may reduce or refuse a claim, or cancel the Policy, or both
- If you answer fraudulently, the Policy will be treated as if it never existed..
- You have this duty until we agree to insure you.
- If you do not understand your duty of disclosure, please ask us.

Insured	Name of Insured		Strata Plan No.						
	Situation					Postcode			
	Period of Insurance		From	To					
Current Policy	Insurer					Excess			
	Any Claims in last 5 years?		Yes	No	If yes, please provide details on the next page or with separate list.				
Building	Latest Valuation				Date of last valuation				
	Year built				Professionally managed		Yes No		
	No. of Levels		No. of Units		Number occupied				
	Tenants / Owners (please attach list if necessary)		No.	Occupation		No.	Occupation		
	Internal Walls		Concrete/Brick	Metal	EPS (if any, must be less than 10% of total internal wall area)		Asbestos – Declined Risk		
External Walls		Brick Veneer	Reinforced Concrete	Double Brick	Steel frame	Unreinforced Masonry/Concrete Light metal frame Metal/Aluminium Cladding			
Floors		Concrete/Brick	Timber						
Roof		Concrete/Brick	Metal	Tile/Slate		Timber, Asbestos – Declined Risk			
Fire Protection		Smoke Alarm/Detector		Yes	No	Extinguishers		Yes	No
		Fully Sprinkled Dual		Yes	No	Fully Sprinkled Single		Yes	No
		Hose Reels		Yes	No	Hydrants		Yes	No
Security		CCTV		Yes	No	Security Guard		Yes	No
		Alarm (Local)		Yes	No	Alarm Back to Base		Yes	No

Heritage Listed?	Yes	No	Building maintained to good standard of repair?	Yes	No
Known Defects					
Facilities	Pools/Spas Wharfs/Jetties		Playground Gymnasium	WaterFeatures Lifts	

Cover required	Section 1	Building and Common Contents	
		Loss of Rent (15% automatically included)	Included
		Additional Loss of Rent	
		Catastrophe Cover	
		Unit Owners Improvements (included)	
		Flood (\$250,000, Optional)	Yes No
	Section 2	Public Liability	
	Section 3	Fidelity Guarantee	
	Section 4	Office Bearers Liability	
	Section 5	Voluntary Workers	
	Section 6	Legal Expenses	
	Section 7	Occupational Health & Safety	
	Section 8	Tax Probe	
	Section 9	Machinery Breakdown (Blanket Cover)	
	Machinery Breakdown (Please specify limits and attach details)		

In the last 5 years, has any insurer:	• Declined to accept the Insured's proposal?	Yes	No
	• Cancelled the Insured's policy?	Yes	No
	• Declined to renew the Insured's policy?	Yes	No
	• Imposed special conditions on the Insured's policy?	Yes	No
	• Refused to meet a claim the Insured lodged?	Yes	No
Are you aware of any claim or circumstances that may give rise to a claim against an Owners Corporation committee member?		Yes	No

If any answer is 'Yes', please provide details.

Intermediary	Name of Intermediary				
	Contact Person				
	Postal Address				
	Phone		Email		Date

Claims details (last 5 years)	Date	Nature	Amount Paid	Excess (if known)

