



How to fill out this proposal form

Purpose of building

Occupants

Insured

Current Policy

Building

*** ASBESTOS IS A DECLINED RISK**

All questions must be answered. Please tick the box next to the correct answer and/or write the information requested in the space provided. If you require more space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document(s) to this proposal. It is critical that you refer to the Product Disclosure Statement for full terms and conditions of the policy. Please ensure this form is signed and dated by an authorised person.

Residential (More than 80% of floor space is used wholly or mainly for residential purposes)
 Commercial (At least 20% of floor area is used for commercial purpose)

For **COMMERCIAL** strata, please provide up to date list of occupants with description of nature of business.

Name of Insured	Strata Plan No.		
Situation			
	Postcode		
Period of Insurance	From	To	
Insurer		Excess	\$
Any Claims in last 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below or with separate list.	
Latest Valuation	\$	Date of last valuation	/ /
Year built	No. of Storeys	No. of Basement levels	No. of Lifts
No. of Units	No. occupied	No. of Units residential use	
Internal Walls	<input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Timber	<input type="checkbox"/> Metal Others _____	<input type="checkbox"/> EPS (< 10% of total internal wall area)
External Walls	<input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> EPS (if any, must be less than 10% of total external wall area)	<input type="checkbox"/> Concrete <input type="checkbox"/> Timber	<input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Cladding Others _____
Floors	<input type="checkbox"/> Concrete/Brick	<input type="checkbox"/> Slate/Tile	<input type="checkbox"/> Timber
Roof	<input type="checkbox"/> Concrete <input type="checkbox"/> Timber	<input type="checkbox"/> Metal Others _____	<input type="checkbox"/> Tile/Slate
Known Defects	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below		
Heritage Listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building maintained to good standard of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection	Smoke Alarm/Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No
	Fully Sprinkled Dual	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully Sprinkled Single <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hose Reels	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrants <input type="checkbox"/> Yes <input type="checkbox"/> No
Security	CCTV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Security Guard <input type="checkbox"/> Yes <input type="checkbox"/> No
	Security Intercom	<input type="checkbox"/> Yes <input type="checkbox"/> No	Restricted public access <input type="checkbox"/> Yes <input type="checkbox"/> No
Facilities	<input type="checkbox"/> Pools/Spas <input type="checkbox"/> Playground <input type="checkbox"/> Water Features <input type="checkbox"/> Gymnasium <input type="checkbox"/> Lifts		
Lifts	If <input checked="" type="checkbox"/> Lifts, have sensors been installed to prevent lifts or lift motors from submerging in water?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Cover required

Section 1	Building and Common Contents	\$
	Do you want Optional Excess? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify	\$
	Additional Loss of Rent (in addition to 15% automatically included)	\$
	Additional Catastrophe Cover (RESIDENTIAL - In addition to 15% already included)	\$
	Optional Catastrophe Cover (COMMERCIAL)	\$
	Flood (Max \$5M or building sum insured whichever is the lesser)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2	Public Liability	\$
Section 3	Fidelity Guarantee	\$
Section 4	Office Bearers Liability	\$
Section 5	Voluntary Workers	\$ 200,000/\$2,000
Section 6	Legal Expenses	\$ 50,000
Section 7	Occupational Health & Safety	\$ 100,000
Section 8	Tax Probe	\$ 25,000
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 your proposal? Yes No
- Cancelled your policy against your wish? Yes No
- Declined to renew your policy against your wish? Yes No
- Imposed special conditions on your policy? Yes No
- Refused to meet a claim you 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 attach details to this proposal.

You must fulfil your Duty of Disclosure by:

Before you enter into a contract of general insurance with Ansvr Insurance Limited ('Ansvr' or 'us' or 'we'), you have a duty under the Insurance Contracts Act 1984 to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- a) that diminishes the risk to be undertaken by us; or
- b) that is of common knowledge; or
- c) that we know or, in the ordinary course of our business, ought to know; or
- d) as to which compliance with your duty is waived by us.

Your duty of disclosure continues after this proposal form has been completed up until the contract of insurance is entered into.

Declaration

I/we in effecting insurance in accordance with the information provided in this proposal declare and warrant that:

- I/we have read the Complete Strata Insurance Underwriting Product Disclosure Statement prior to completing this proposal form;
- the answers and statements in this proposal form are true;
- I/we understood and have fulfilled our Duty of Disclosure;

I/we agree to accept the terms, exclusions conditions and limitations of the Complete Strata Insurance Underwriting insurance contract.

Non Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Signature

	Print Name:	Strata No:
	Position:	Date: / /

Privacy

Both CSI and Ansvr places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy.

We collect your personal information to provide you with general insurance products. The information we collect is used to assist us to provide you with our general insurance products, to manage our relationship with you and to assess and process claims. We will not be able to supply you our policy if you do not provide us with your personal information. The information is generally collected from you when you are applying for or enquiring about our insurance products or when making a claim.

At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act. We are unlikely to provide your personal information to overseas recipients.

Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information please visit our website: www.ansvar.com.au/privacy/ or you can contact one of our offices.

Contact us

The registered office of CSI Strata Underwriting is Unit 203, 6-8 Thomas Street, Chatswood NSW 2067.

Phone: 02 9419 2777 Post: PO Box 178 Chatswood NSW 2057 Email: info@csiuw.com.au Website: www.csiuw.com.au
ABN 91 143 415 070 AFSL 379787

The registered office of Ansvr is Level 5, 1 Southbank Boulevard, Southbank, Victoria.

Phone: 1300 650 540 Post: GPO Box 1655, Melbourne, Victoria 3001 Email: insure@ansvar.com.au Website: www.ansvar.com.au
ABN 21 007 216 506 AFSL 237826

Code of Practice

As a signatory to the General Insurance Code of Practice (the "Code"), we are committed to raising standards of service to our customers.

This voluntary code sets out the minimum standards we will uphold in the services we provide to you. You can obtain more information on the Code and how it assists you by contacting us.

Complaints

If you are not satisfied with the service provided by CSI please contact us and we will try our best to resolve the problem.

If your complaint cannot be resolved you can request that the matter be referred to the Secretary of the Ansvr Internal Dispute Resolution (IDR) process at insure@ansvar.com.au. Alternatively, you can write to The Secretary, Internal Dispute Resolution Committee, Ansvr Insurance, GPO Box 1655, Melbourne, Victoria 3001.

Ansvr will attempt to resolve the matter in accordance with the IDR procedures.

If Ansvr's IDR process is unable to resolve your dispute and you wish to take the matter further you can lodge a claim with the Financial Ombudsman Service (FOS). A dispute can be referred to FOS subject to its Terms of Reference. It provides a free independent dispute resolution service for consumers who have general insurance disputes falling within its terms and its contact details are:

The Financial Ombudsman Service

Phone: 1300 780 808

Post: GPO Box 3, Melbourne, Victoria 3001

Website: www.fos.org.au.