

Commercial Strata

Proposal

Intermediary _____ Interim Cover No. _____

The Proposer

Strata Plan / Owners Corporation No. _____

Are You registered for GST purposes? Yes No What is Your ABN? _____

Other Interested Parties _____

Postcode _____

Contact No. Phone _____ Fax _____ Mobile _____

Email Address _____ Website _____

General Information

A. Have You, in the last 5 years

1. suffered any loss or damage or made any claim(s) on an insurer for loss or damage? Yes No

2. had any insurance declined or cancelled, proposal / application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? Yes No

B. Are there any known Building Defects or Hazards? (If YES, please provide copy of report) Yes No

C. Are there any defects rectifications, construction works, alterations or repairs still to be completed or planned for in the next 12 months? Yes No

If you answered YES to any question in (A) or (B) above, please provide full details in the space below:

Details of the Business

Period of Insurance From ____ / ____ / ____ To ____ / ____ / ____

Location of the Premises _____

Postcode _____

Construction Details

Number of Stories _____ Year Built _____

Walls Brick / Concrete % _____ Timber % _____ Iron % _____

Floors _____ Roof _____

If any EPS panelling, what percentage of total building area? _____

How many units are to be covered? _____

Is the building Heritage Listed? Yes No

Please show the occupation of each tenant. (You have a duty to notify changes in tenancy and occupation)

1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	9. _____
10. _____	11. _____	12. _____

Are there:

Fire Sprinklers? Yes No Single / Dual Supply Area Coverage % _____

Fire Detectors? Yes No Heat / Thermal / Both Area Coverage % _____

Do any tenants / unit owners store or use dangerous substances or use heat processes? Yes No

If Yes, please provide details:

Please tick if you have

<input type="checkbox"/>	Hydrants	
<input type="checkbox"/>	Hose Reels	
<input type="checkbox"/>	Extinguishers	
<input type="checkbox"/>	Swimming Pools	
<input type="checkbox"/>	Lifts	
<input type="checkbox"/>	Tennis Courts	
<input type="checkbox"/>	Gyms	
<input type="checkbox"/>	Spas / Saunas	
<input type="checkbox"/>	Car Stackers	How Many? _____

How many car parking spaces are there? _____

Section 1 - Buildings

Sum Insured

Buildings (including costs of fees, demolition, removal of debris & common contents) \$ _____

Optional Extra Benefit 1 - Disaster Protection

Do You want to be covered by this Optional Benefit? Yes No

If Yes, please specify amount

<input type="checkbox"/>	15% of the Sum Insured on Buildings
<input type="checkbox"/>	30% of the Sum Insured on Buildings

Section 2 – Rent and Extra Costs

We **automatically** give You an amount equal to **15%** of the Sum Insured on Buildings and an Indemnity Period of up to **36** Months.

Do You want **more** cover for Rent and Extra Costs? Yes No

If Yes, what is the **Total Sum Insured** that You want for this Section?

30% of the Sum Insured on Buildings or \$ _____

Section 3 - Liability

Limit of Indemnity required \$ _____

Section 4 - Machinery

Do You want to be covered for this section? Yes No

Part A - Machinery Breakdown (Please enter the number of units you have)

Lifts	No. of Units	_____	Sum Insured	\$	_____
Other Units	No. of Units	_____	Sum Insured	\$	_____

Section 5 - Electronics

Do You want to be covered for this section? Yes No

Please show the Make and Model of Equipment to be covered

Sum Insured

1.	_____	Sum Insured	\$	_____
2.	_____	Sum Insured	\$	_____
3.	_____	Sum Insured	\$	_____
4.	_____	Sum Insured	\$	_____

Section 6 - Theft of Funds

Do You want to be covered for this section? Yes No

Sum Insured \$50,000 \$100,000

Section 7 - Personal Accident

Do You want to be covered for this section? Yes No

Sum Insured \$50,000 / \$500
 \$100,000 / \$1,000
 \$200,000 / \$2,000

Section 8 - Office Holders Liability

Do You want to be covered for this section?

Yes No

Limit any one Office Bearer and in the Aggregate

Sum Insured

\$

Important Notices

Your Duty of Disclosure

This policy is subject to The Insurance Contracts Act 1984. Under that Act You have a Duty of Disclosure.

This means:

1. When You ask for cover, You must tell Us all that You know about the risk that You want covered which may affect Our decision:
 - (a) To offer You cover, and
 - (b) The terms and the cost of such cover.
2. If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:
 - (a) If there have been any changes in what is covered, and
 - (b) Of all things that may increase the chances of a claim.

What You Don't Have to Tell Us

You do not have to tell Us of anything;

1. That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.
2. That is common knowledge.
3. That we should know as a normal part of Our business.
4. If We waive Your Duty of Disclosure.

Non-Disclosure

If You don't tell Us something that You know which may affect Our decision to offer You cover or the terms of that cover We may be allowed to:

1. Reduce the amount that We have to pay for a claim. This may mean that We would pay You nothing.
2. Cancel this policy. We may even be allowed to cancel this policy from the date that the cover started if You lie to Us or deliberately keep information from Us or mislead Us.

Declaration

By signing this Proposal form You declare that:

1. You have read the above Important Notices
2. You understand and have complied with Your Duty of Disclosure.
3. The property that You want covered is in good condition.
4. All the information You have given in this form is correct.

Please sign below

Signature

Date

/ /

Title/Position
