

## 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

- Hydrants
- Hose Reels
- Extinguishers
- Swimming Pools
- Lifts
- Tennis Courts
- Gyms
- Spas / Saunas
- 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

- 15% of the Sum Insured on Buildings
- 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 _____	<b>Sum Insured</b>	\$ _____
Other Units	No. of Units _____	<b>Sum Insured</b>	\$ _____

## 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.

You have this duty until We agree to insure You.

### 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

\_\_\_\_\_