

Strata Liability Insurance

Proposal

Intermediary _____ Policy 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 Premises

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

Location(s) of the Premises (Attach list if more than one location)

Postcode _____

How many units are to be covered? _____

Please show the occupation of each tenant (if more space is required attach a list)

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

How many car parking spaces are there? _____

Liability

Limit of Indemnity required

| | |
|--|-------------|
| Public Liability - Limit any one occurrence | \$ _____ |
| Products Liability - Aggregate Limit in each period of insurance | Not Insured |
| Deductible - How much excess or deductible do you wish to bear? | \$ _____ |

Claims History

Please give full details of all claims and / or complaints made against You in the past five (5) years.

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:

- 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:
 - To offer You cover, and
 - The terms and the cost of such cover.
- If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:
 - If there have been any changes in what is covered, and
 - 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;

- That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.
- That is common knowledge.
- That we should know as a normal part of Our business.
- 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 _____