

Business Insurance | Property Owners

SDA Care Facility Insurance Application & Proposal

Intermediary _____ Interim Cover No. _____

The Proposer

Insured Name(s) _____

Are you registered for GST purposes? YES/NO What is your ABN? _____

Postal Address _____ Postcode _____

Contact Numbers: Phone _____ Mobile _____ Email _____

Other Interested Parties _____

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

General Information

A. Have you in the last 5 years

- | | |
|--|--------|
| 1. 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 |
| 3. suffered any loss or damage which would have been covered by the proposed insurance policy? | YES/NO |

B. Have you or your partners or directors

- | | |
|---|--------|
| 1. ever been declared bankrupt? | YES/NO |
| 2. in the last 10 years been involved in a company or business which became insolvent or was under the control of a liquidator or receiver? | YES/NO |
| 3. been convicted of any criminal offence or served a prison sentence? | 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 Property

Location _____ Postcode _____

Do you have a current SDA certification for this property YES/NO (attach copy)

What is the SDA certified category for this property _____

What best describes the building occupants? *Physically challenged / Psychosocially challenged / Both*

Does an NDIS carer permanently in attendance at the Property (24/7)? YES/NO/Not sure

Has the premises been registered with the local government as a Care Facility YES/NO (attach a copy)

Do you have a current tenant for this property YES/NO (attach a copy)

Have you had a recent valuation completed for the property YES/NO (attach a copy)

Have you had a Thermography report conducted recently YES/NO (attach a copy)

Construction Details

Number of Stories _____ Year Built _____
Walls Brick / Concrete% _____ Timber or Cladding% _____ Iron% _____
Floors _____ Roof _____ Frame _____
Are the premises National Trust or Heritage Listed? YES/NO

Protection

Is the property fitted with:

An automatic fire sprinkler system?	YES/NO	Area covered % _____
Smoke detectors?	YES/NO	
Fire Extinguisher & Fire Blanket in cooking areas?	YES/NO	
Deadlock on all external doors?	YES/NO	
Key locks on windows?	YES/NO	

Special Hazards

Is the premises currently occupied?	YES/NO
Are Solar Panels installed on the roof?	YES/NO
If yes above, does the Solar system include a battery storage system?	YES/NO
Does the property have an EV charging point?	YES/NO
If yes above, is the EV charging point located within the building?	YES/NO
Does the property have a swimming pool?	YES/NO

Cover Summary

Section 1 – Fire and Perils

	Sum Insured
Buildings (include driveways, paths, carports, pools, sheds, walls and fences, costs of fees, demolition costs and removal of debris)	\$ _____
Landlords Fixtures and Fittings	\$ _____
All other Property	\$ _____

Section 2 - Profits

Part A – Loss of Income	
Indemnity Period	_____ Mths
Expected Rental Income	\$ _____
Part B – Claims Preparation Costs	\$ _____
Part C – Records	\$ _____
Part D – Extra Costs	\$ _____
Part E – Debts	\$ _____

Section 3 – Accidental Damage

Covers the items insured under Section 1 (Min Sum Insured \$50,000) \$ _____

Section 4 – Burglary

Landlord’s fixtures & fittings \$ _____
All Other Property \$ _____

Section 5 – Glass

External and Internal Glass YES/NO

Property Owners Liability Insurance

If You require Property Owners Liability Insurance, please complete this section.
(Note: A separate property owners liability insurance policy will be issued)

Limit of Indemnity Required

Public Liability - Limit any one occurrence \$ 10 million / \$20 million
Products Liability - Not Insured

Claims History - Liability

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:

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

Date ____ / ____ / ____

