

Commercial Strata Insurance Quote Request

Insured Details

Insured	<input type="text"/>	Due Date	<input type="text"/>
Situation of Insured Property	<input type="text"/>		
Mailing Address	<input type="text"/>		
Occupation of Tenants	<input type="text"/>		

Property Details

No. of Units	<input type="text"/>	No. of Lifts	<input type="text"/>	No. of Pools	<input type="text"/>
No. of Levels	<input type="text"/>	Year Built	<input type="text"/>	Sprinklers (Yes/No)	<input type="text"/>
Wall Construction	<input type="text"/>	Floor Construction	<input type="text"/>	Roof Construction	<input type="text"/>
Is any part of the building heritage listed? (Yes/No)					<input type="text"/>

Cover Required

Building/s and Common Contents (Please specify limit)	<input type="text"/>	\$
<u>Additional</u> Loss of Rent (Please specify limit – Note: 15% automatically provided)	<input type="text"/>	\$
Catastrophe Cover (Please specify limit)	<input type="text"/>	\$
Liability (Please specify limit)	<input type="text"/>	\$
Fidelity Guarantee (\$50,000 standard limit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Office Bearers Liability (Please specify limit)	<input type="text"/>	\$
Voluntary Workers/Personal Accident (\$100,000/\$1,000 standard limit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Machinery Breakdown (Please specify limit and attach details)	<input type="text"/>	\$
Workers Compensation (As per Statutory Legislation NSW & WA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Duty of Disclosure Details

Have you had any claims in the last 3 years? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the insurance on this risk ever been declined or had special terms imposed? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the premises occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any hazards/defects associated with the property? (If yes, please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Insurer	<input type="text"/>	Current Excess	<input type="text"/>

Your Details

Mr / Mrs / Miss / Ms	First Name	<input type="text"/>	Last Name	<input type="text"/>
Job Title	<input type="text"/>			
Company	<input type="text"/>			
Telephone	<input type="text"/>	Facsimile	<input type="text"/>	
Mobile	<input type="text"/>	E-mail	<input type="text"/>	