

Residential Strata Insurance Quote Request

Insured Details

Insured	<input type="text"/>	Due Date	<input type="text"/>
Situation of Insured Property	<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"/>
No. of Playgrounds	<input type="text"/>	No. of Water Features	<input type="text"/>	No. of Jetties/Wharfs	<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"/>
<u>Additional</u> Catastrophe Cover (Please specify limit – Note: 15% automatically provided)	\$	<input type="text"/>
Glass	Automatically Included	
Theft	Automatically Included	
Liability (Please specify limit)	\$	<input type="text"/>
Fidelity Guarantee (\$100,000 standard limit)	Automatically Included	
Office Bearers Liability (Please specify limit)	\$	<input type="text"/>
Voluntary Workers (\$2,000/\$200,000 standard limit)	Automatically Included	
Government Audit Costs (\$25,000 standard limit)	Automatically Included	
Legal Expenses (\$50,000 standard limit)	Automatically Included	
Workplace, Health & Safety Breaches (\$100,000 standard limit)	Automatically Included	
Machinery Breakdown (Please specify limit and attach details)	\$	<input type="text"/>
Lot Owner's Improvements (\$250,000 standard limit per unit)	Automatically Included	
Workers Compensation (As per Statutory Legislation 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	
If you have selected Office Bearers Liability above you must answer this question - Are you aware of any claims made or circumstances which may result in claims being made against a Committee Member or their predecessors in their capacity as members of the committee or governing body? (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	
Is the premises occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is any portion of the building occupied for commercial purposes? (If yes, please attach details)	<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"/>
Company	<input type="text"/>			
Telephone	<input type="text"/>	Facsimile / E-mail	<input type="text"/>	