

COMMERCIAL STRATA INSURANCE PROPOSAL

Insured Details

Insured name			
Situation of insured property			
Mailing address			
Occupation of tenants (or attach list)			
Period of insurance		To	

Property Details

No. of units		No. of lifts		No. of pools	
No. of levels		Year built		Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of playgrounds		No. of water features		No. of	
Wall construction		Floor construction		Roof construction	
Does the construction material contain any ACP/EPS/Light Weight rendered Cladding? (If yes please attach details)					<input type="checkbox"/> Yes <input type="checkbox"/> No

Cover Required

Building/s and Common Contents (Please specify limit)	\$
<u>Additional</u> Loss of Rent (Please specify limit – 15% automatically)	\$
Catastrophe Cover (Please specify limit)	\$
Glass	Automatically included
Theft	Automatically included
Liability (Please specify limit)	\$
Fidelity Guarantee (\$100,000 standard limit)	Automatically included
Office Bearers Liability (Please specify limit)	\$
Voluntary Workers / Personal Accident (\$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	<input type="checkbox"/> Not required <input type="checkbox"/> Blanket Cover
Lot Owner's Improvements (\$250,000 standard limit per unit)	Automatically included
Workers Compensation (As per Statutory Legislation in WA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cover required for floating floors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Questions

Have you had any claims in the last 3 years? (If yes, please attach details) Yes No

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) Yes No

If you have selected Office Bearers liability above, you must answer this question

Has the insurance on this risk ever been declined or had special terms imposed? (If yes, please attach details) Yes No

Are there any hazards/defects associated with the property? (If yes, please attach details) Yes No

Are the premises occupied? Yes No

Current Insurer Current Excess \$

Signature of Proposer(s):

Date: