

## Commercial Strata Insurance Proposal

### 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"/>		
Period of Insurance	<input type="text"/>	To	<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"/>	\$
Public 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

### Workers Compensation – Wages Declaration (application NSW & WA ONLY)

Do you employ a permanent caretaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state the estimated annual salary or wages.	<input type="text"/>	
Do you employ any other persons in connection with the building or any other trade or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state their occupations and estimated salary and wages below	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

Please turn over .....

## Your Duty of Disclosure

### What do you need to tell us

You must tell us anything that you know or should know could affect our decision to insure you. You must do this when you apply for a policy, renew your policy or when you change or reinstate your policy. These requirements are part of the Insurance Contracts Act 1984.

### What you do not need to tell us

You do not need to tell us anything that:

- Reduces our risk.
- Is of common knowledge.
- We know, or as an insurer should know.
- We indicate that we do not want to know.

### What will happen if you do not tell us

We can reduce the amount we pay you for your claim, or we can cancel your policy. If your failure to tell us is fraudulent, we can treat your policy as if it never existed.

### Some things you should note

- The policy you are applying for will not provide any insurance cover for anything that may have happened before the policy started.
- This policy does not cover damage caused by flood. The policy wording tells you what is flood.
- You must pay the excess when a claim occurs. The policy wording tells you what is an excess.
- The insurance cover you are applying for starts when we accept your application. The commencement date of your insurance will be shown on the schedule we send you. We have the right not to accept your insurance application.
- You should read and consider the Product Disclosure Statement prior to purchasing this insurance. Copies are available upon request.

### 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"/>
-----------------	----------------------	----------------	-------------------------

**Signature of Proposer(s):**  **Date:**

OFFICE USE ONLY	AUTHORISED 1:	<input type="text"/>	W/C PN:	<input type="text"/>
	AUTHORISED 2:	<input type="text"/>	CID PN:	<input type="text"/>