

STRATA PROPOSAL & QUOTE FORM - RESIDENTIAL & COMMERCIAL

IMPORTANT NOTICES

This is an important document. Please read it carefully.

The information you provide in this document and through any other documentation, either directly or through your underwriter, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including the Important Notices, please contact us or your IIS underwriter before signing the Declaration at the end of the document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

DUTY OF DISCLOSURE

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under the Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us everything You know, or could reasonably be expected to know, that may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us.

Your duty however does not require disclosure of matters that:

- Reduce the risk;
- Are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- Reduce Our liability for any claim;
- Cancel the contract;
- Refuse to pay the claim; or
- Avoid the contract from its beginning, if Your non-disclosure was fraudulent.

PRIVACY STATEMENT

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APP's), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APP's.

A copy of our Privacy Policy is located on our website at www.is-insurance.com.au

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us. If you wish to access your files please ask us.

DETAILS OF THE RISK

Broker Name: _____

Client (CTS/SP/OC etc): _____

Professionally managed?

YES

NO

Specify strata manager: _____

Risk Address & Scheme Name: _____

Suburb: _____

Postcode: _____

Are you the holding broker?

YES

NO

Current insurer? _____

Renewal offered?

YES

NO

If Yes, expiring premium? \$ _____

Renewal date (DD/MM/YY): / /

Expiry date (DD/MM/YY): / /

VALUATION

Has building been valued for insurance purposes?

YES

NO

Date of valuation (DD/MM/YY): / /

Valuation amount: \$ _____

Building sum required:

Should you require higher amounts for Loss of Rent or Common Contents, please include your amended figures

- Loss of Rent is automatically calculated at 15%
- Common contents is automatically calculated at 1%

Loss of Rent (15% of BSI): \$ _____

Contents (1% of BSI): \$ _____

The following **are not** included automatically and are optional benefits of which you can request to be included in the quotation

Catastrophe cover:

YES, %

NO

Paint & Wallpaper? (NSW & ACT only)

YES

NO

Floating floorboards?

YES

NO

Flood required? YES NO

OCCUPANCY

Please provide details of any commercial occupancy below, along with any residential occupancy, including serviced apartments

% of building area occupied commercially:

If more than 10% please provide details of Lot Numbers, Names of Tenant and Nature of Occupancy

No. of commercial units: No of residential units:

Number of storeys: Year built:

Long Term % Holiday Let %

Serviced Apartment %

CONSTRUCTION

Fire protection:

Heritage or National Trust listed YES NO

Walls If other, please specify:

Foundations If other, please specify:

Flooring: If other, please specify:

Roof: If other, please specify:

Does the building contain any asbestos? YES NO

If Yes please specify:

SECTION 2 – VOLUNTARY WORKERS PERSONAL ACCIDENT

Weekly/Capital benefit: \$2,000 / \$200,000

SECTION 3 – OFFICE BEARERS LIABILITY

Limit of Liability (including Defence costs):

Do you require additional Defence costs? YES NO

SECTION 4 – FIDELITY GUARANTEE

Fidelity: Insured

SECTION 5 – EQUIPMENT BREAKDOWN (INCLUDING LOSS OF RENT)

Option 1 – Limit of liability is the Building Sum Insured or \$20 million, which is the lesser YES NO

Option 2 – Sub-limited cover (Residential only)

No of lifts / escalators etc:

Car Stacker/s: YES NO

Chillers: YES NO

SECTION 6 – PUBLIC LIABILITY

Limit of liability:

SECTION 7 – GOVERNMENT AUDIT COSTS, LEGAL EXPENSES & WORKPLACE HEALTH AND SAFETY BREACHES

7A – Audit Costs:	Insured
7B – WH&S:	Insured
7C – Legal Expenses:	Insured

LOSS HISTORY

Any losses in the past 5 years? (including below excess)		YES	NO
DATE OF LOSS	DESCRIPTION	AMOUNT	CLOSED? (Y/N)
		\$	
		\$	
		\$	
		\$	

In order for us to provide you the most competitive price, it is important that we have full disclosure of all losses in the past five years. Please attach a copy of the claims history on letterhead from the current insurer when submitting this proposal form, even if there have been no losses.

EXCESS

Current Standard excess: _____

Water Damage: _____

Malicious damage: _____

Tropical cyclone: _____

Flood: _____

Other: _____

GENERAL DECLARATIONS

Any Claims declined? YES NO

Any insurance declined? YES NO

Any excesses imposed? YES NO

Any defects? YES NO

If you answered Yes to any of the questions above, please provide details:

Before completing this document, I/We have read and understood the information herein, including the **Important Notices**.

The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

Name: _____

Signature: _____

Position/Title: _____

Brokerage: _____

Date: _____