

Insured Details

Contact Name: _____

Postal Address: _____

Contact Number: _____

Email Address: _____

Risk Details

Property Address: _____

Strata Plan No. _____

General Information:

Is the building or part of the building heritage listed?

Has the building been refurburbished?

Has compliance/certification/occupancy been issued?

Are there any known hazards or defects on site or to the building?

Building Details:

Year Built: _____

If the property is over 50 years old, please advise when it was rewired & replumbed: _____

External Wall Construction:

If other, please advise: _____

Floor Construction:

If other, please advise: _____

Roof Construction:

If other, please advise: _____

Number of Units: _____ Number of Floors _____

Number of Basement Levels: _____

Cladding:

Does the building contain any cladding:

If yes, what is the material used: _____

Please advise the % of the building exterior that this material relates to: _____

EPS/Composite Panels:

Does the building contain any Expanded Polystyrene (EPS) Sandwhich Panels?

If yes, please advise the % of EPS used: _____

Does the building have Aluminium Composite Panels?

If yes, please advise the % used: _____

Are there Solar Panels or glass atriums on the roof:

Facilities:

Does the property have any of the following:

Pool

Spa

Play Equipment

Gym

Jetty

Lake

Tennis Court

Water Feature

Other: _____

Does the property have any lifts?

How Many? _____

Does the property have a car stacker, chiller, cooling tower or any other large machinery?

If yes, please advise: _____

Security Protection

Does the property have any of the following:

Deadlocks

Window Locks

Local Alarm

Monitored Alarm Internal Security

Cameras External Security Cameras

Fitted Bollards

On site care taker

Security patrols

Other: _____

Occupancy:

Are all units currently occupied?

Are any of the units used for holiday letting?

Are there any commercially occupied units?

Sections of Cover:**Insured Property**

Building Sum Insured:

\$ _____

Common Area Contents Sum Insured:

\$ _____

Do you require loss of rent cover greater than 15% of the building sum insured?

If yes, please advise the amount required

\$ _____

Is flood cover required?

Do you require cover for floating floors?

Do you require cover for Lot Owners wall covering (NSW & ACT Only)

Legal Liability Sum Insured:

\$ _____

Office Bearers Liability Sum Insured:

\$ _____

Disclosure required for Office Bearers Liability:

Are you aware of any claims or circumstances which may result in a claim being made against a committee member or their predecessors in their capacity as members of the committee or governing body? If yes, please provide details:

Machinery Breakdown Sum Insured:

\$ _____

Catastrophe Cover Sum Insured:

\$ _____

Voluntary Workers Sum Insured:

\$ _____

Fidelity Guarantee Sum Insured:

\$ _____

Disclosure Questions

If you answer yes to any of the below, please provide details.
For claims please advise the date, a description & cost of the claim

Has any insurer in respect of any insurance policy:

- Refused to renew/cancel or terminated a policy?
- Refused a claim or required an increased premium under a policy?
- Imposed special conditions under a policy

Claims

Have you had any claims in the past 5 years? If yes, please provide details:

Current Insurance:

Do you currently have Insurance on this property?
Who is the current insurer? _____
What is the current excess on the policy? _____
What is your current renewal premium? _____

