

**Residential Strata/Owners Corporation Plan Number:** .....

### Insured Details

Insured .....

Due Date: .....

Situation of Insured Property .....

### 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

### Cover Required (please specify individual limits for each of the below)

Building	<input type="text" value="\$"/>	Additional Loss of Rent (Note 15% automatically provided)	<input type="text" value="\$"/>
Common Contents	<input type="text" value="\$"/>	Additional Catastrophe Cover (Note 15% automatically provided)	<input type="text" value="\$"/>
Machinery Breakdown (attach details)	<input type="text" value="\$"/>	Workplace Health and Safety Breaches	<input type="text" value="\$"/>
Liability	<input type="text" value="\$"/>	Fidelity Guarantee	<input type="text" value="\$"/>
Voluntary Workers	<input type="text" value="\$"/>	Government Audit Costs	<input type="text" value="\$"/>
Office Bearers Liability	<input type="text" value="\$"/>	Legal Expenses	<input type="text" value="\$"/>
Lot Owner's Improvements (please specify limit per unit)	<input type="text" value="\$"/>		

Workers' Compensation (as per Statutory Legislation WA) ☐ Yes ☐ No

### Duty of Disclosure Details

Have you had any claims in the last 5 years? (if yes, please attach details)

☐ Yes ☐ No

If you have selected Office Bearers Liability 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)

☐ Yes ☐ No

Has the insurance on this risk ever been declined or had special terms imposed? (if yes, please attach details)

☐ Yes ☐ No

Is the premises occupied?

☐ Yes ☐ No

Is any portion of the building occupied for commercial purposes? (if yes, please attach details)

☐ Yes ☐ No

Are there any hazards/defects associated with this property? (if yes, please attach details)

☐ Yes ☐ No

Current Insurer: .....

Current excess:

### Your Details

Mr / Mrs / Miss / Ms	First Name .....	Last Name .....
Telephone .....	Facsimile/Email .....	Company .....