

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

**Insured Details**

Insured: ..... Date:

Situation of Insured Property: .....

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

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  Full Name: .....

Phone: ..... Address: .....

Email: ..... Company: .....