Residential Strata Insurance
New Business Application Form

- Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to this document form part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

1. Your Details

1.1. Period of Insurance

Start Date | Expiry Date | Effective Date

1.2. General Details

Name of Holding Underwriter

Holding Underwriter Policy Number

If Remarketing insurance, complete the following:

Current Property Excess

Current Water Excess

1.3. Insured Details

Insured Name

1.4. Duty of Disclosure

Has the insurance on this risk been declined in the past three (3) years? Yes ☐ No ☐

If Yes, please specify

	Date	Description
1		
2		
3		

Has the cover under your current policy been limited or restricted in any way? Yes ☐ No ☐

If Yes, please specify

	Date	Description
1		
2		
3		

1.5. Claims History

Have you had any claims in the past 3 years? Yes ☐ No ☐

If Yes, please specify

Year

Total Incurred

No of Claims

Year

Total Incurred	
No of Claims	
Year	
Total Incurred	
No of Claims	

2. Situation Details

Situation Address

2.1. Building Details

Building Name

Year Built

If Building Sum Insured is more than $1 million and the building is more than 57 years old, please complete the following

Year Last Rewired

Year Last Re-Plumbed

Year Last Refurbished

If the building is more than 80 years old, please complete the following

Is the building heritage listed? Yes No

Number of Lots/Units

Number of Floors above ground

Number of Basement Levels

If there are any Basement levels, please complete the following

Is there any equipment or plant in the basement(s)? Yes No

Is more than 20% of your building (by floor area) used for commercial purposes? Yes No

Are there any known defects of the building? Yes No

If Yes, please specify

Defect # 1

Description

Defect # 2

Description

Defect # 3

Description

2.2. Construction

Walls (External)

Brick Veneer/Cement	☐	Cladding - Asbestos	☐	Cladding – Fibro (not asbestos)	☐
Cladding - Hardiplank	☐	Cladding – Plastic / Other	☐	Cladding - Timber	☐
Cladding – Veneer Stone	☐	Concrete/Reinforced Masonry	☐	Unreinforced Masonry	☐
Double Brick	☐	Iron/Steel/Aluminium/Zinc	☐	Solid Stonework	☐
Wood	☐	Other	☐		

If Other, please specify

Details of Other External Wall Construction

Floors

Concrete	☐	Wood	☐	Other	☐

If Other, please specify

Details of Other Floor Construction

Roof

Aluminium/Zinc/Colourbond/Iron/Steel	☐			Asbestos	☐
Cement/Cement Tiles	☐	Concrete	☐	Copper	☐
Fibro - not asbestos	☐	Tile – Terracotta/Clay	☐	Tiles – Shingle/Slate	☐
Timber/Wood	☐	Thatch	☐	Other	☐

If Other, please specify

Details of Other Roof Construction

What percentage of the internal walls contain EPS/Sandwich Panels?

Does the building have Aluminium Composite Panels (ACP)? Yes ☐ No ☐

If Yes, please specify

ACP Percentage

2.3. Fire Protection

None	☐	Fire Extinguishers	☐	Fire Hydrants	☐	Fire/Smoke Alarms	☐
Hose Reels	☐	Sprinklers All Areas	☐	Sprinklers(Car Parks and Common Areas)			☐
Sprinklers (Car Parks)	☐	Unknown	☐				

2.4. Facilities

Number of Lifts

Number of Pools/Spas

Number of Playgrounds

Number of Gymnasiums

If there is a gymnasium, is it used by the public? Yes No

Number of Tennis Courts

Is there a jetty, wharf, pontoon, or marina? Yes No

Is the property located directly adjacent to, or does the property contain: a lake, pond, river, canal, ocean or waterway? Yes No

2.5. Occupancy

Are the premises fully occupied? Yes No

Type of occupancy on the ground floor

Residential Commercial Garages

2.6. Strata Details

Owners Corporation Number

Is the property managed by a strata company? Yes No

What is your Owners Corporation type?

Cluster Plan Consolidated Plan Owners Corporation

Neighbourhood Association Community Association Community Corporation

Common Property only

2.7. Interested Parties

Do you wish to note any interested parties? Yes No

If Yes, please specify

Interested Party # 1

Nature of Interest

1st Mortgagee 2nd Mortgagee 3rd Mortgagee

Local Government Authority Hire Purchase Lease

Premium Funder Principal Lot/Owner

Other

Name

Interested Party # 2

Nature of Interest

1st Mortgagee 2nd Mortgagee 3rd Mortgagee

Local Government Authority Hire Purchase Lease

Premium Funder Principal Lot/Owner

Other

Name

Interested Party # 3

Nature of Interest

1st Mortgagee	☐	2nd Mortgagee	☐	3rd Mortgagee	☐
Local Government Authority	☐	Hire Purchase	☐	Lease	☐
Premium Funder	☐	Principal	☐	Lot/Owner	☐
Other	☐				

Name

2.8. Notes

Do you wish to add any non-printable notes? Yes ☐ No ☐

Do you wish to add any printable notes? Yes ☐ No ☐

3. Coverage

Insured Property	☐	Liability to Others	☐	Fidelity Guarantee	☐
Voluntary Workers	☐	Workers Compensation	☐	Office Bearers Legal Liability	☐
Machinery Breakdown	☐	Catastrophe Insurance	☐	Flood	☐
Government Audit and Related Covers	☐	Lot Owners Fixtures and Improvements	☐		

Note:

- ***'Insured Property' and 'Liability to Others' are mandatory coverages***
- ***'Fidelity Guarantee' is mandatory in South Australia, otherwise optional***
- ***'Voluntary Workers' is mandatory in New South Wales, otherwise optional***
- ***'Workers Compensation' is only applicable in ACT, Tasmania and Western Australia***

3.1. Insured Property

Building Sum Insured

Common Area Contents Sum Insured

% of Building Sum Insured to insure for Loss of Rent

15%	☐	20%	☐	25%	☐	30%	☐

Optional Paint / Wall Paper Benefit **(NSW / ACT only)** Yes ☐ No ☐

Property Excess

$300		$500		$1,000		$1,500	
$2,000		$2,500		$5,000		$10,000	
Insurer							

If Insurer, please specify alternate excess

Insurer Alternate Excess

Is cover required for Floating Floorboards? Yes No

Is cover required for Common Property Only? Yes No

3.2. Liability to Others

Limit of Liability

$10,000,000		$20,000,000		$25,000,000		$30,000,000	
$40,000,000		$50,000,000					

3.3. Fidelity Guarantee

Fidelity Guarantee Sum Insured

Wording Cover		$100,000		$200,000		$250,000	

3.4. Voluntary Workers

Death

Wording Cover		$100,000		$200,000		$300,000	

3.5. Workers Compensation

Estimated wages paid **(ACT or Tasmania only)**

The following section is applicable for Western Australia only

Employees estimated wages

Labour only estimated wages

Labour and Materials estimated wages

Labour and Plant estimated wages

Labour, plant and materials estimated wages

3.6. Office Bearers Legal Liability

Limit of Liability

$100,000		$250,000		$500,000		$1,000,000	
$2,000,000		$5,000,000		$10,000,000		$20,000,000	

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? Yes No

3.7. Machinery Breakdown

Machinery Breakdown Sum Insured

$5,000		$10,000		$20,000		$50,000		$100,000	

Is there a car stacker or turntable? Yes No

Are there any motors in excess of 5Kw? Yes No

Are there any chilling or cooling towers? Yes ☐ No ☐

Is air conditioning located centrally or in individual lots?

No air conditioning ☐ Centrally located ☐ Individual lots ☐

Is there machinery older than 20 years old? Yes ☐ No ☐

3.8. Catastrophe Insurance

Catastrophe Cover % 15% ☐ 30% ☐

3.9. Flex Plus Options

Exploratory Costs	Yes ☐	No ☐
Extended Temporary Accommodation & Loss of Rent	Yes ☐	No ☐
Fusion	Yes ☐	No ☐
Special Benefits	Yes ☐	No ☐

4. Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

(a) Signing and returning a copy of this form; or

(b) Providing the information requested and returning the form to us; or

(c) Providing us with instructions to place the policy.

Signature of Applicant(s)		
Position held		
Date		