



Please provide accurate and thorough information throughout this Quotation Request to allow us to provide you with an accurate indication of your future premium.

For enquiries about completing your Quotation Request, please call us on **1300 SCINSURE (1300 724 678)** or email **yourcover@scinsure.com.au**. You can also visit www.stratacommunityinsure.com.au for further information.

If you are submitting this form as a printed hard copy, please post the completed form to your nearest **Strata Community Insurance** office listed on our website www.stratacommunityinsure.com.au

Contact Details

Your name

Your contact number

Your company name or Position on the Body Corporate

Date quote is required by

Your email

Day Month Year

The Insured

Plan Number (Strata/Owners Corporation)

Have you had any claims in the last 3 years?

Property Name

Note - if you have a copy of the claims history please attach, otherwise type into the box below.

Postal Address

Detail Claims History

Current Insurer

Have you ever had insurance declined / cancelled or any special conditions imposed?

Policy Expiry Date

If Yes, please provide details around the circumstances of the decline, cancellation or special conditions

Day Month Year

Current Policy Premium (Total Payable)

Current Policy Excess/es - Please detail

The Property

Street Address		Commercial Floor Space Percentage and occupants
Suburb		Are there any lots being used for holiday letting
State	Postcode	If Yes, please confirm the % of lots used for short term holiday letting
Year Built		
Number of Floors (Ground & Above)	Number of Residential Lots	Is there an on site Building Manager?
Number of Basements	Number of Commercial Lots	Does the strata have Kitchen, Dining Facilities &/or Room Service? (Please provide details)

The Property - Construction

Wall Construction	Has the Building been refurbished?
Roof Construction	If Yes, please give details (refurbished)
Floor Construction	
Fire Protection	Has Compliance / Certification / Occupancy been issued?
Security	If No, please give details (certificate of compliance)
Is there any other fire protection or security at the risk?	Is the Strata a single standalone building?
Is the Building (or part of the Building) Heritage Listed?	If No, please give details (standalone)
If Yes, please give details (Heritage)	Are there any known hazards or defects on site or to the Building?
	If Yes, please give details (Defects)

Does the building have cladding?

If yes, what material is the cladding?

Name of cladding manufacturer (if known) E.g. Alucobond

Percentage of the building exterior that this material covers?

Any other relevant information? (cladding)

Date of latest Valuation

Day Month Year

 **Attach a copy of current Valuation**

Additional Info

 **Attach additional documentation**

Facilities

Does the property have any of the following on site?

- No Facilities on site
- Pools
- Spas
- Play Equipment
- Gym
- Tennis Court
- Jetty
- Lake
- Water Feature
- Other

If Other, please specify below.

Does the property have lifts? If yes, please confirm how many in the space below.

Does the property have a Car Stacker, Chiller, Cooling Towers or any other large machinery?

If yes, please detail in the space provided below.

 **If yes, please attach any Maintenance Agreements.**

Sum Insured

Section 1 - Insured Property

Building (\$)	Flood
Common Area Contents (\$)	Floating Floors
Loss of Rent (\$)	Lot Owners Wall Coverings (NSW / ACT)

If Other, please supply Loss of Rent amount (\$)

Section 2 - Liability to Others

Public Liability (\$)

Section 3 - Voluntary Workers

VW Standard Cover of \$200,000/\$2,000

Section 4 - Workers Compensation

Workers Compensation Is cover required?
(NSW, ACT, NT, TAS & WA Only)

If Yes, please supply wages estimate (section 4)

Section 5 - Fidelity Guarantee

Fidelity Guarantee Please select coverage required

If Other, please provide amount (\$) - FG)

Section 6 - Office Bearers Liability

Office Bearers Liability (\$)

If Yes - 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

Section 7 - Machinery Breakdown

Machinery Breakdown - If cover is required please specify amount (\$)

Section 8 - Catastrophe Insurance

Building Catastrophe

Section 9 - Government Audit Costs and Legal Expenses

Cover will be added as follows:

- Government Audit Costs (Part A) = \$25,000
- Appeal Expenses - Health & Safety Breaches (Part B) = \$100,000
- Legal Defence Expenses (Part C) = \$50,000

Section 10 - Lot Owners' Fixtures and Improvements

Section 10 - Please Select

If Other, please provide Lot Owners' Fixtures and Improvements amount

Section 11 - Loss of Lot Market Value

Loss of Market Value (\$)

Submission Declaration

Any personal information collected will be used to process this quotation request. If you do not provide this information we may not be able to process this request. We may have to disclose your personal information to third parties to assist us in assessing and processing this quotation, including insurers and reinsurers, our specialist advisors and service providers, or as required by law. These entities may be located in Australia or overseas. By submitting this form you authorise us to use your personal information in this way and in accordance with our Privacy Policy. Our Privacy Policy contains further details including how you can access and correct personal information we hold about you, and how to complain about any breach of the Australian Privacy Principles. For a copy of our Privacy Policy please refer to our website, or email compliance@scinsure.com.au

Yes, I Agree

Signature

Full Name

Date of submission

Day Month Year

Please note that we cannot process your quotation request unless you agree to the Submission Declaration above.