



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](http://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](http://www.stratacommunityinsure.com.au)

## Contact Details

Your name

Your company name or Position on the Body Corporate

Your email

Your contact number

Date quote is required by

Day

Month

Year

## The Insured

Plan Number (Strata/Owners Corporation)

Property Name

Postal Address

Current Insurer

Policy Expiry Date

Day

Month

Year

Current Policy Premium (Total Payable)

Current Policy Excess/es - Please detail

Have you had any claims in the last 3 years?

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

Detail Claims History

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

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

---

## The Property

Street Address

Suburb

State

Postcode

Year Built

Number of Floors  
(Ground & Above)

Number of Residential Lots

Number of Basements

Number of Commercial Lots

Are there any lots being used for holiday letting

If Yes, please confirm the % of lots used for short term holiday letting

Is there an on site Building Manager?

Does the strata have Kitchen, Dining Facilities &/or Room Service?  
(Please provide details)

---

## The Property - Construction

Wall Construction

Roof Construction

Floor Construction

Fire Protection

Security

Is there any other fire protection or security at the risk?

Is the Building (or part of the Building) Heritage Listed?

If Yes, please give details (Heritage)

Has the Building been refurbished?

If Yes, please give details (refurbished)

Has Compliance / Certification / Occupancy been issued?

If No, please give details (certificate of compliance)

Is the Strata a single standalone building?

If No, please give details (standalone)

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.*

## Commercial Occupants

 *Please attach a copy of the current occupation list for this property, along with a copy of the registered strata plans or unit entitlement information. Alternatively use the space below to input the required information.*

Commercial Floor Space Percentage

### OCCUPANT 1

Lot #

Occupation Description

Floor Area %

Unit Entitlement %

### OCCUPANT 2

Lot #

Occupation Description

Floor Area %

Unit Entitlement %

### OCCUPANT 3

Lot #

Occupation Description

Floor Area %

Unit Entitlement %

### OCCUPANT 4

Lot #

Occupation Description

Floor Area %

Unit Entitlement %

# Sum Insured

## Section 1 - Insured Property

Building (\$)	Flood
<input type="text"/>	<input type="text"/>
Common Area Contents (\$)	Floating Floors
<input type="text"/>	<input type="text"/>
Loss of Rent (\$)	Lot Owners Wall Coverings (NSW / ACT)
<input type="text"/>	<input type="text"/>
If Other, please supply Loss of Rent amount (\$)	
<input type="text"/>	

## 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](mailto: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.**