|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUOTE REQUEST FORM** | | | | |
|  |  |  |  |  |
| **STRATA MANAGER:** |  | | | |
| **STRATA PLAN/INSURED NAME:** |  | | | |
| **PERIOD OF INSURANCE:** | **FROM:** |  | **TO:** |  |
| **CURRENT INSURER DETAILS:** | **INSURER:** |  | **CURRENT EXCESS:** |  |
| **CURRENT PREMIUM:** |  |
| **INSURED ADDRESS:** |  | | | |
|  |  |  |  |  |
| **BUILDING DETAILS:** |  |  |  |  |
| **NO. OF RESIDENTIAL UNITS:** |  | | **NO. OF LIFTS:** |  |
| **NO. OF COMMERCIAL UNITS:** |  | | **NO. OF POOLS:** |  |
| **YEAR BUILT:** |  | | **NO. OF GYMS:** |  |
| **IS PREMISES FULLY OCCUPIED:** |  | | **NO. OF PLAYGROUNDS:** |  |
| **NO. OF LEVELS:** |  | | **HERITAGE LISTED:** |  |
| **CONSTRUCTION OF WALLS:** |  | | **RESI/COMM/DP** |  |
| **CONSTRUCTION OF FLOORS:** |  | | **COMMERCIAL FLOOR SPACE %:** |  |
| **CONSTRUCTION OF ROOF:** |  | | **WATER FEATURES:** |  |
| **FIRE EXTINGUISHERS:** |  | | **WHARVES:** |  |
| **HOSE REELS:** |  | | **ACP CLADDING:** |  |
| **SMOKE ALARMS:** |  | | **KNOWN DEFECTS:** |  |
| **IS THE BUILDING SPRINKLERED:**  **WHICH FLOORS:** |  | | **EPS - % OF FLOOR SPACE:** |  |
|  |  |  |  |  |
| **INSURANCE DETAILS** |  |  |  |  |
| **BUILDING SUM INSURED:** | **$** | | **COMMON CONTENTS:** | $ |
| **LOSS OF RENT:** | **%** | | **CATASTROPHE:** | **%** |
| **MACHINERY BREAKDOWN:** | **$** | | **PUBLIC LIABILITY:** | $ |
| **OFFICE BEARERS LIABILITY:** | **$** | | **FIDELITY GUARANTEE:** | $ |
| **PAINT WITHIN UNITS:** | **Included** | | **FLOATING FLOORS:** |  |
| **FLOOD:** |  | | **WORKERS COMPENSATION:** |  |
|  |  |  |  |  |
| **Please provide the following further information:** | | | | |
| **1. LATEST VALUATION:** |  | **OTHER RELEVANT INFORMATION:** | | |
| **2. STRATA PLAN:** |  |  | | |
| **3. 5 YEARS CLAIM HISTORY:** |  |
| **4. COMMERCIAL OCCUPANCY LIST:** |  |
| **5. COMPLETED DUTY OF DISCLOSURE QUESTIONNAIRE:** |  |