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| **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:** |       |