



Strata Unit Insurance Application

Policy No.	Client No.	Intermediary No.
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THE APPLICANT/S

Name of Insured (Body Corporate)												
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN							Taxable %	
Contact Number	Phone No. (Private)	()		Phone No. (Business)	()							
	Fax No.	()		E-mail								
Postal Address for Notices									State		Postcode	
Situation of Building									State		Postcode	
Name of any other Interested Parties	1.											
	2.											
Period of Insurance	From	/	/		to	/	/		at 4 p.m.			

INFORMATION ABOUT THE STRATA UNIT

Strata Title	<input type="checkbox"/> S	Non-Strata Title	<input type="checkbox"/> N		
Residential Units	<input type="checkbox"/> R	Duplex	<input type="checkbox"/> D	Villa Units	<input type="checkbox"/> V
Office	<input type="checkbox"/> O	Commercial	<input type="checkbox"/> C	Industrial	<input type="checkbox"/> I
Walls: Brick <input type="checkbox"/> Other <input type="checkbox"/>	Floor: Concrete <input type="checkbox"/> Wood <input type="checkbox"/>	Year of Construction <input type="text"/>			
No. of Units <input type="text"/>	No. of Floors <input type="text"/>	No. of Lifts <input type="text"/>	Swimming Pool? Yes <input type="checkbox"/> No <input type="checkbox"/>		
1) Are more than 50% of the units:	Owner Occupied? <input type="checkbox"/> 0	Holiday Rentals <input type="checkbox"/> H			
(Indicate by ticking (✓) the box which most accurately describes the occupancy.)					Long Term Rentals <input type="checkbox"/> R
2) Are there any commercial premises in the building? If "Yes", please give details, including the percentage of the building's total floor space used for each commercial purpose.					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>					
3) What is the amount of your current policy excess? \$ <input type="text"/>					
4) Has the insured (Body Corporate) ever been refused insurance, been declined renewal, been quoted an increased premium, or had any special terms imposed for any of the events proposed for insurance? If "Yes", please give details.					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>					
5) Has the insured (Body Corporate) suffered any loss during the last 5 years from any of the events proposed for insurance? If "Yes", please give details.					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>					
6) Have any accidents occurred at the situation in the last 5 years which resulted in:					Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Injuries to persons? If "Yes", please give details.					
<input type="text"/>					
ii) Damage to property or goods of third parties? If "Yes", please give details.					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>					

INFORMATION ABOUT THE STRATA UNIT (continued)

7. Please provide details of any recreational facilities (e.g. children's play area, gymnasium, spa, sauna, grass tennis court.) <input type="text"/> <input type="text"/>	
8) Are there any exceptional circumstances you know about which are relevant to our decision to insure you and on what terms. If "Yes", please give details. <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

POLICIES REQUIRED

Note: Policies 3, 4 and 5 are not available on non-strata units.

	Sum Insured/Limit of Liability	Excess	Premium
1. Building/Contents	\$	\$	\$
2. Public Liability	\$		\$
3. Office Bearers Liability	\$		\$
4. Personal Accident	Capital \$	\$	\$
	Weekly \$		
	Limit \$100,000		
5. Fidelity Guarantee	\$		\$
6. Machinery, Equipment		\$	\$
Total number of machines at the situation	<input type="text"/>	Total Premium Payable	\$
Total new replacement value of machinery	\$ <input type="text"/>	Fire Services Levy	\$
		Government Stamp Duty	\$
		GST	\$
		Total Amount Payable	\$

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the QBE Privacy information brochure from any QBE Commercial office or at qbecommercial.com

DUTY OF DISCLOSURE

What you must tell us: When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us: It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you do not tell us: If you do not answer our questions in this way, we may reduce or refuse a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

DECLARATION AND SIGNATURE

- The Duty of Disclosure and Inadequate Space to Answer notices set out above have been read and understood by me.
- All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect our decision about accepting this insurance.
- I acknowledge you reserve the right to decline any application.
- I give you authority to give to or obtain from other insurer/s, insurance reference bureaus or credit reporting agencies any information about this insurance including this completed application and my insurance claims history and credit history.
- I have received a copy of the Product Disclosure Statement (PDS) and the Policy Terms and Conditions and agree to be bound by the terms and conditions contained in it.

Signature(s) of Secretary/Manager	1.	<input checked="" type="checkbox"/>		Date	<input type="text"/>
	2.	<input checked="" type="checkbox"/>		Date	<input type="text"/>