

Proposal Form

Important Information – Please read the following and the Product Disclosure Statement before completing this proposal form.

Privacy

We require personal information about you to assess your request for insurance and to administer the policy:

- where relevant for this purpose, we will disclose your personal information (other than sensitive information such as health information) to your adviser.
- we will also where relevant, disclose your personal information including sensitive information to our service providers (including loss adjusters, administrators, reinsurers) and to our business partners for this purpose. By submitting your personal details, you consent to those organisations collecting and us disclosing personal and sensitive information about you for this purpose.
- a list of the type of service providers and business partners we commonly use is available on request, or on our website. Go to www.zurich.com.au and click on the Privacy link on our home page.
- if you do not provide the requested information, your proposal may not be accepted, we may not be able to administer your policy or you may breach your Duty of Disclosure, the consequences of which are set out in the Duty of Disclosure notice.
- we may also disclose personal information about you where we are required or permitted to do so by law.
- in most cases, on request, we will give you access to the personal information we hold about you. In some circumstances, we may charge a fee for giving you access, which will vary but will be based on our costs.
- if you would like to find out more, you may contact us by telephone on 132 687 or email at Privacy.Officer@zurich.com.au or in writing to:

The Privacy Officer
Zurich Australian Insurance Limited
PO Box 677, North Sydney, 2059

Your Duty of Disclosure

Your Duty of Disclosure applies when you enter into this policy with us for the first time

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know;
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

Who needs to tell us

It is important that you understand, that you are disclosing to us and answering our questions for both you and anyone else, that you want to be covered by the policy.

If you do not tell us

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed.

Your Duty of Disclosure applies when you renew, vary, extend, reinstate or replace your policy

When you renew, vary, extend or reinstate your policy, your duty is to tell us before the renewal, variation, extension or reinstatement, every matter known to you, which:

- you know; or
- a reasonable person in the circumstances could be expected to know;

is relevant to our decision whether to insure you and, if so, on what terms.

Cover Note/Policy Number

Broker

Your Duty of Disclosure (continued)

What you do not need to tell us when you renew, vary, extend or reinstate your policy

You do not need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

Non-Disclosure and Misrepresentation

If you make a misrepresentation to us, or if you do not comply with your Duty of Disclosure and we issue your policy with terms and conditions that are different to the terms and conditions that would have been issued had there not been any misrepresentation, or your Duty of Disclosure had been complied with, then:

- we may reduce the cover provided, so that we are placed in the same position as we would have been in, had there not been any misrepresentation and your Duty of Disclosure had been complied with; and
- we may also cancel your policy; or
- we may treat your policy as if it never existed if the misrepresentation or your non-compliance with your Duty of Disclosure was fraudulent.

Cover Variation – Office Bearer’s Liability

Please note the Officers Bearer’s Liability Cover Section provides the following cover.

- claims made against you during the policy period and notified to us during that policy period, providing that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against you; and
- pursuant to Section 40 sub-section 3 of the Insurance Contract Act 1984, the policy will also apply to events of which you first became aware during the policy period which could give rise to a future claim, provided that you notify us during that policy period of the circumstances of such events.

Product Disclosure Statement

The Product Disclosure Statement is designed to help you to:

- decide whether this product meets your needs; and
- compare this product with others you may be considering.

You should read this Product Disclosure Statement before making a decision to purchase this product.

Read in particular the StrataGuard Insurance policy wording which contains important information about our cover and what you need to do. The policy wording contains the detailed terms and conditions of our product.

PLEASE ANSWER ALL QUESTIONS

(If the policy is to be in more than one name then the questions below apply to each person insured and this proposal must be signed by all persons)

1. Proposed Period of Insurance

From / / To / / at 4 pm Cover Note Number

2. Details of those proposed to be insured

Body corporate/Strata title number

Situation of Property

Suburb/Town State Postcode Phone ()

Mailing address for notices – if different to above

Suburb/Town State Postcode Phone ()

3. Details of managing agent

Do you use a managing agent? Yes No

If Yes, please advise details

Name of managing agent

Please note: The Office Bearer's Liability cover section does not cover your managing agents liability.

4. General information

Has any insurance company refused to meet a claim or circumstance lodged by you or by any person named as the proposer herein, in respect of these classes of insurance? Yes No

If Yes, please provide details

Has any insurance company succeeded in denying a claim or circumstance lodged by you or any person named as the proposer herein on the grounds of non-disclosure, misrepresentation and/or fraud, in respect of these classes of insurance? Yes No

If Yes, please provide details

Has any insurance company in connection with these classes of insurance:

(a) Declined to accept a proposal from you? Yes No

(b) Cancelled a policy, contrary to your wishes? Yes No

(c) Declined to renew a policy, contrary to your wishes? Yes No

If Yes, please provide details

Details of all claims or circumstances and uninsured losses, damage or liabilities that have incurred during the past five (5) years.

State 'NIL' if no claims OR complete the following:

Date of loss	Description	Insurer	Amount

5. Property

Number of Units

Is the occupancy of the units for residential purpose only?

Yes No

What is the current occupancy rate, in percentage of total number of units?

 %

Any units used for short term/holiday letting?

Yes No

If Yes, how many

Any unit used for business purpose?

Yes No

If Yes, please detail

Construction: Brick / Concrete

Non brick / Non Concrete

No. of Stories

Year built

Is it subject to any Heritage or National Trust Listing?

Yes No

Please tick appropriate box(es).

Elevators

Yes No

If Yes, number

Pools

Yes No

If Yes, number

Gymnasiums for common usage

Yes No

If Yes, number

6. Details of cover

Cover Section BUILDING and COMMON CONTENTS

Sum Insured

\$

Cover Section CATASTROPHE COVER

Yes

No

Cover Section LEGAL LIABILITY

Limit of Indemnity

\$

Cover Section FIDELITY GUARANTEE

As defined

Cover Section PERSONAL ACCIDENT (VOLUNTARY WORKERS)

As defined

Cover Section OFFICE BEARER'S LIABILITY

Limit of Indemnity

\$

7. Premium Summary

Sections Available	Premium Payable	Fire Service Levy	GST	Stamp Duty	Total Payable
Building and Contents	\$	\$	\$	\$	\$
Catastrophe Cover	\$	\$	\$	\$	\$
Legal Liability	\$		\$	\$	\$
Fidelity Guarantee	\$		\$	\$	\$
Personal Accident	\$		\$	\$	\$
Office Bearer's Liability	\$		\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

8. Declaration

I/we in effecting insurance in accordance with the information furnished in this proposal declare and warrant:

- I/we have read the StrataGuard Insurance Product Disclosure Statement prior to completing this proposal form;
- the statements in this proposal form are true;
- I/we have disclosed all matters which to my/our knowledge you should be aware of;
- that I/we agree to accept the terms, exclusions conditions and limitations of the StrataGuard Insurance contract.

Committee Member's Signature

Date

THANK YOU FOR COMPLETING THIS PROPOSAL FORM

