



Commercial Property Owners Insurance Renewal Declaration

Please review/update the following details and specify your requirements for renewal

Name of Insured:

Trading Name:

Policy No.

ABN:

Period of Insurance:

Contact Name:

Contact Phone Number: Phone:

Mobile:

Contact Email:

Web Address:

Business Description:

Year established:

Situation(s) Address:

Current Insurer:

Required Details (This section must be completed)

Estimate Annual Gross Turnover: \$

Year the building was constructed:

If built prior to 1970, when was it last re-wired?

Is the building heritage or national trust listed?

Yes No

Flood Cover: (NOTE: only available with some insurers)

Yes No

Please list all Tenants below

<u>Tenant</u>	<u>Business Type</u>	<u>Business activities carried out at premises</u>
1.		
2.		
3.		
4.		
5.		

Sums Insured

Property Damage Section

	<u>Current Year</u>	<u>Renewal Year</u>
Building Sum Insured:	\$	\$
Landlords Contents Sum Insured:	\$	\$

Business Interruption - Loss of rent

	<u>Current Year</u>	<u>Renewal Year</u>
Total Annual Rental Income	\$	\$
Indemnity Period:	12 Months	12 Months
	18 Months	18 Months
	24 Months	24 Months
Additional Increase in Cost of Working:	\$	\$
Claims Preparation Costs:	\$	\$

Theft Section

	<u>Current Year</u>	<u>Renewal Year</u>
Theft:	\$	\$

Glass Cover Section

	<u>Current Year</u>		<u>Renewal Year</u>	
Internal/External Fixed Glass:	Yes	No	Yes	No
Illuminated Signs:	Yes	No	Yes	No

Machinery Break Down Section

	<u>Current Year</u>	<u>Renewal Year</u>
Number of Units:		
Blanket machinery cover limiting any one loss:	\$10,000	\$10,000
	\$20,000	\$20,000
	\$50,000	\$50,000

Public Liability Section - Property Owners

	<u>Current Year</u>	<u>Renewal Year</u>
Limit of Liability:	\$10,000,000	\$10,000,000
	\$20,000,000	\$20,000,000
What is the total number of car parking spaces?	No.	No.

Construction Details (This section must be completed)

Please review and tick the relevant boxes regarding the insured property

Building Construction:

Roof:	Concrete	Masonry	Asbestos	Fibro
	Glass	Tile/Slate	Iron/Steel/Aluminium on Wood	
	Iron/Steel/Aluminium on Steel	Other:		

<u>Walls:</u>	Brick Veneer	Double Brick	Glass	Steel/Metal/Iron
	Concrete	Timber/Wood	Fibro	Asbestos
	Extended Polystyrene/ Sandwich Panelling (EPS)			Tilt up Concrete Panels

Floors: Concrete Wood Tile Other/Mixed:

How many levels is the building?

How much Expanded Polystyrene (EPS) does the premises contain (e.g. Cool Room)?

0% 1% - 14% 15%- 19% 20% - 29% >30%

Protection Details **(This section must be completed)**

Please review and tick the relevant boxes regarding the insured property

Fire Protection Provided:

Sprinkler	Hose Reel	Fire Extinguisher	Fire Alarm
Heat Detector	Fire Blankets	Smoke Detector - monitored	
Smoke Detector - not monitored		None	

Security Protection Provided:

Window Bars/Grills	Locks on all external windows without bars	Dead Locks on doors
Security Fencing	CCTV System Installed	Back to Base - mobile
Back to Base - security	Electronic keypad/swipe card access	Local Alarm
Roller Shutters	Security Patrol	External Lighting
None		

Interested Parties

Please review and or list any Interested Parties

Name of Interested Party	Nature of Interest
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Claims Declaration

In the last 5 years, have you made any claims on an insurer for loss or damage?

Date of Loss	Cause of loss	Amount claimed	Yes	No
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I/We hereby declare that the estimated figures supplied reflect a reasonable expectation for the next policy period.

<u>Insured Signature</u>	<u>Date</u>
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