



Strata Insurance Renewal Declaration

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

Insured Strata Plan No:

Policy No.

ABN:

Period of Insurance:

Current Insurer:

Contact Name:

Contact Phone Number: Phone:

Mobile:

Contact Email:

Situation(s) Address:

Number of Units:

Commercial Units:

Residential Units:

How Many Levels?

No. of above ground:

No. of Basement Levels:

Is there Lifts?

Yes

No

If Yes, how many?

Is there Car stackers or Turntables?

Yes

No

If Yes, how many?

Does the Complex Have:

Swimming Pools?

Yes

No

Gymnasium?

Yes

No

List the type of business activities in each Commercial Unit:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Sums Insured

Property Damage Section

Building Sum Insured:

Current Year

\$

Renewal Year

\$

Common Area Contents:

\$

\$

Loss of Rent/Temp Accommodation:

\$

\$

Catastrophe Cover:	\$		\$	
Optional Additional Benefits Lot Owners Fixtures and Improvements:	\$		\$	
Flood Cover:	Yes	No	Yes	No
Optional Lot/ Unit Paint Wall Covering:	Yes	No	Yes	No
Excess:	\$		\$	

Property Owners Legal Liability

Current Year

Renewal Year

Liability Sum Insured:	\$		\$	
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Voluntary Workers Personal accident

Current Year

Renewal Year

Capital Benefit:	\$		\$	
Weekly benefit:	\$		\$	

Fidelity

Current Year

Renewal Year

Fidelity Sum Insured:	\$		\$	
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Office Bearers

Current Year

Renewal Year

Sum Insured:	\$		\$	
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Government Audit Costs and Legal Expenses

Current Year

Renewal Year

Legal expenses Sum insured:	\$		\$	
Audit Expenses:	\$		\$	

Machinery Breakdown

Current Year

Renewal Year

Sum Insured:	\$		\$	
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Construction Details

Please review and tick the relevant boxes regarding the insured property

Building Construction:

Roof:

Concrete	Asbestos	Fibro	Metal/ Iron/Colourbond
Tile/ Slate			

Walls:

Brick	Double Brick	Concrete Panels	Steel/Metal/Iron
Timber/Wood	Fibro	Asbestos	Concrete Blocks
Extended Polystyrene/Panels (EPS)			

Floors:

Timber/Wood	Tile	Concrete - All floors	Concrete Ground floor only
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Year Built?

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

Protection Details

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	Alarm - Back to Base
Local Alarm	Electronic keypad/swipe card access	Roller Shutters
None		

Renewal Requirements

Please make any amendments which you may require to the expiring Policy.

Interested Parties

Please review and or list any Interested Parties

Name of Interested Party

Nature of Interest

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

I/We hereby declare that the estimated figures supplied reflect a reasonable expectation for the next policy period.

Insured Signature

Date