

Residential Strata Insurance Quote Request

Level 3, 100 Wellington Parade, East Melbourne VIC 3002
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Residential Strata/Owners Corporation Plan Number:

Insured Details

Insured Due Date:

Situation of Insured Property

Property Details

No. of Units	<input type="text"/>	No. of Lifts	<input type="text"/>	No. of Pools	<input type="text"/>
No. of Levels	<input type="text"/>	Year Built	<input type="text"/>	Sprinklers (Yes/No)	<input type="text"/>
No. of Playgrounds	<input type="text"/>	No. of Water Features	<input type="text"/>	No. of Jetties/Wharfs	<input type="text"/>
Wall Construction	<input type="text"/>	Floor Construction	<input type="text"/>	Roof Construction	<input type="text"/>

Is any part of the building heritage listed? Yes No

Cover Required (please specify individual limits for each of the below)

Building	<input type="text"/>	Additional Loss of Rent (Note 15% automatically provided)	<input type="text"/>		
Common Contents	<input type="text"/>	Additional Catastrophe Cover (Note 15% automatically provided)	<input type="text"/>		
Machinery Breakdown (attach details)	<input type="text"/>	Workplace Health and Safety Breaches	<input type="text"/>		
Liability	<input type="text"/>	Fidelity Guarantee	<input type="text"/>	Office Bearers Liability	<input type="text"/>
Voluntary Workers	<input type="text"/>	Government Audit Costs	<input type="text"/>	Legal Expenses	<input type="text"/>
Lot Owner's Improvements (please specify limit per unit)	<input type="text"/>				

Workers' Compensation (as per Statutory Legislation WA) Yes No

Duty of Disclosure Details

Have you had any claims in the last 5 years? (if yes, please attach details) Yes No

If you have selected Office Bearers Liability you must answer this question.
Are you aware of any claims made or circumstances which may result in claims being made against a Committee Member or their predecessors in their capacity as members of the committee or governing body? (if yes, please attach details) Yes No

Has the insurance on this risk ever been declined or had special terms imposed? (if yes, please attach details) Yes No

Is the premises occupied? Yes No

Is any portion of the building occupied for commercial purposes? (if yes, please attach details) Yes No

Are there any hazards/defects associated with this property? (if yes, please attach details) Yes No

Current Insurer: Current excess: \$

Your Details

Mr / Mrs / Miss / Ms	First Name	Last Name
Telephone	Facsimile/Email	Company