

# Proposal

## residential strata insurance plan



**CHU**

The Specialists in Strata and  
Community Title Insurance

CHU Underwriting Agencies Pty Ltd ABN 18 001 580 070 (AFS Licence No: 243261) is an underwriting agency acting on behalf of the insurers: QBE Insurance (Australia) Limited ABN 78 003 191 035 (AFS Licence No: 239545) and QBE Workers Compensation (NSW) Limited ABN 95 003 195 604 - Agent for the NSW WorkCover Scheme ABN 83 564 379 108

Cover Note No \_\_\_\_\_ Policy No \_\_\_\_\_

The Insured \_\_\_\_\_

### Situation of property to be insured

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Postal address \_\_\_\_\_

Postcode \_\_\_\_\_

Period of insurance from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Policy cover

### Sum insured

1 <b>Building(s)</b> at the above Situation*	\$ _____
<b>Loss of rent / temp. accommodation</b> <sup>†</sup>	15% of Building Sum Insured
<b>Common area contents</b>	\$ _____
2 <b>Legal liability</b>	\$ _____
3 <b>Voluntary workers</b>	\$100,000 / 1,000
4 <b>Workers compensation</b> (NSW, WA, TAS and ACT only)	As per Act
Do you want to cover employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please complete the Declaration on page 3.	
5 <b>Fidelity guarantee</b>	\$100,000
6 <b>Office bearers liability</b>	\$ _____
7 <b>Machinery breakdown</b>	\$ _____
8 <b>Building catastrophe insurance</b>	\$ _____
<b>Extended cover – rent / temp. accommodation</b> <sup>†</sup>	15% of Policy 8 Sum Insured
<b>Escalation in cost of temp. accommodation</b> <sup>†</sup>	5% of Policy 8 Sum Insured
<b>Storage / evacuation</b> <sup>†</sup>	5% of Policy 8 Sum Insured
9 <b>Government audit costs</b>	\$25,000
<b>Appeal expenses</b> – common property health and safety breaches	\$100,000
<b>Legal defence expenses</b>	\$50,000
10 <b>Lot owners' fixtures and improvements (per lot)</b>	\$250,000

\* See proposal page 4 – 'Under insurance – policy 1'

<sup>†</sup>If you require percentages higher than those shown, please contact us

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**Questionnaire – all questions must be answered by the proposer(s)**

1 Building External Walls  Brick/Conc  Wood  Fibro Other \_\_\_\_\_

Floors  Concrete  Wood

Roof  Concrete  Metal  Tile  Slate  Fibro Other \_\_\_\_\_

Fences built of  Brick/Conc  Wood  Iron  Hardiflex  Fibro Other \_\_\_\_\_

Year built \_\_\_\_\_ No. of units \_\_\_\_\_ No. of storeys \_\_\_\_\_

Heritage listed?  Yes  No If Yes, please attach documentation from relevant authority.

2 Is the Building maintained to a good standard of repair?  Yes  No

Are there any known defects?  Yes  No

If Yes, provide details \_\_\_\_\_

3 Is the Building occupied?  Yes  No  Partially

If unoccupied, cover restrictions may apply.

Are all Units occupied for residential purposes?  Yes  No

If No state the Unit No. and occupancy of such Units. If insufficient space attach a separate list.

Unit No. \_\_\_\_\_ Occupancy \_\_\_\_\_

4 Are there any air-conditioners or electric motors in excess of 5kw?  Yes  No

If Yes, and you want cover against breakdown, provide details \_\_\_\_\_

5 Please indicate the facilities provided by your Strata:

Lifts  Pools  Playgrounds  pontoons/Marina

Spas  Tennis Courts  Water features  Jetties/Wharfs

Lake/pond/waterway  Boardwalk  Gymnasium  Any sporting facility

Other

If Other, provide details \_\_\_\_\_

6 Have you during the past 5 years had any insurance declined or any underwriting conditions or excesses imposed?  Yes  No

If Yes, provide details \_\_\_\_\_

7 Have you had any claims in the past 3 years?  Yes  No. If Yes, please provide details.

*If insufficient space, please attach separate page of claims history.*

Date	Description	Amount	Date	Description	Amount
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

8 Do you have a strata manager?  Yes  No

If Yes, provide name and address details \_\_\_\_\_

9 Is the insured registered for GST?  Yes  No

10 To what extent is the insured entitled to claim input tax credits?    %

11 Please write the Australian Business Number (ABN) here

**12 NSW/VIC only**

If the Building is new/refurbished has a Certificate of Compliance/Occupancy been issued?  Yes  No

**13 NSW only**

Is the Body Corporate part of a Strata Management Statement (SMS)?  Yes  No

If Yes, provide full details including SMS plans etc.

Has the insured had an Occupational Health & Safety Survey?  Yes  No

If Yes, provide date of survey: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**14 QLD only**

Is the Body Corporate part of a Building Management Statement (BMS)?  Yes  No. If Yes, provide full details including BMS, plans etc.

Is the Body Corporate part of a Layered Scheme?  Yes  No. If Yes, provide full details including plans.

**Workers compensation declaration – (applicable in NSW, WA, TAS & ACT only)**

**Employees:**

Estimated No. of employees \_\_\_\_\_

Estimated wages \$ \_\_\_\_\_

**Contractors (NSW & WA):**

To cover your liability for employees of contractors and persons deemed to be workers within the meaning of your Act please

estimate cost of work/services to be carried out under contract: \$ \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Your duty of disclosure**

**What you must tell us**

By law you must answer all questions honestly, telling us anything known to you, and which a reasonable person in the circumstances would tell us.

We will use your answers to decide whether to insure you and anyone else to be covered, 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 you want to be covered by this 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 fraudulently, we may refuse a claim and treat the Policy as never having existed.

If you do not understand your duty, ask us to explain.

## Significant factors

### Under-insurance – policy 1

The Strata Titles Act or Community Titles Act or similar legislation applying where your building is situated requires you at all times to keep your building(s) and building improvements insured to their full replacement value. Replacement value is the cost of complete replacement including the cost of any necessary preliminary demolition work, removal of debris, surveying, architectural or engineering fees and any other associated or incidental costs. To ensure the adequacy of your sum insured we suggest you obtain a professional estimation of rebuilding costs on a regular basis.

### Voluntary workers – policy 3

Under Policy 3 Benefits only apply while the voluntary worker is engaged in work on your behalf and compensation will not be payable in respect of children under the age of 12 years, or under Item 6 – for persons not in receipt of wages, salaries or other remuneration.

### Declaration – this declaration must be completed by the proposer(s)

I/We declare:

- 1 That the answers and particulars on this form are true and correct.
- 2 That this proposal shall be the basis of the contract between the Insurers and myself/ourselves.
- 3 That the Duty of Disclosure, the Financial Services Guide and the Product Disclosure Statement have been read and understood.

Signature of Proposer(s) \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of Proposer(s) please print \_\_\_\_\_

Proposer(s) position on Body Corporate \_\_\_\_\_

Phone W \_\_\_\_\_ H \_\_\_\_\_ M \_\_\_\_\_

**Refer to page 3 for duty of disclosure information.**

## Privacy

We use the information you provide to arrange insurance. We only give your information to people involved in providing insurance (or related) services. We do not trade, rent or sell your information. You can check the information we hold about you at any time.

For more information about our Privacy Policy, ask us for a copy or visit our website at: [www.chu.com.au](http://www.chu.com.au)

## Office use only

Processed by \_\_\_\_\_ Date processed \_\_\_\_\_

Total amount payable \$ \_\_\_\_\_

Agent \_\_\_\_\_ Agent No \_\_\_\_\_ AR No \_\_\_\_\_

Agent \_\_\_\_\_ CHU \_\_\_\_\_

Deducted  Yes  No \_\_\_\_\_

Amount \$ \_\_\_\_\_ Amount banked \$ \_\_\_\_\_ Date \_\_\_\_\_

Excess \$ \_\_\_\_\_