



COMMERCIAL STRATA INSURANCE APPLICATION

Custodian Underwriting Agency Suite 3.1 56 Delhi Road NORTH RYDE 2113
AFSL 301 970
ABN 17 116 860 103

Broker Name _____

Policy Number _____

Period of Insurance From _____ To _____

Full Name of Insured _____

Trading Name _____

Postal Address _____

Contact Details
Tel _____ Fax _____
Mobile _____ Email _____

Tax Status ABN _____ Taxable % _____

Interested Party Name _____

Address _____

Address of Building _____

Occupancy details
Industrial YES NO
Commercial / Offices YES NO
No of Units _____
No of Lifts _____
No of Swimming Pools _____

Construction Walls _____ Floors _____ Roof _____
EPS _____ % No of storeys _____ Age of building _____
If the building is over 30 years old has it in the last 5 years been ?
Rewired YES NO Re-plumbed YES NO

Security
Do your premises have ?
An Alarm YES NO *if yes please advise*
Local Alarm YES NO
Back to Base
Dialler YES NO
Securitel YES NO
TCD Alarm YES NO
Other Alarm YES NO

Security

Do your premises have ?

Deadlocks on Doors
Keyed Window Locks YES NO YES NOBars & / or grills on Doors
Bars & / or grills on Windows YES NO YES NO**Fire protection**

Are your premises sprinklered ?

 YES NO

Do your premises have ?

Monitored Fire / Smoke Alarms
Hose Reels
Fire Extinguishers
Other fire protection measures YES NO YES NO YES NO YES NO**If yes to any of the above please provide details****Cooking / Flammable Liquids**

Is commercial cooking done on the premises ?

 YES NO

Is it Thermostat controlled ?

 YES NO

Are there any flammable liquids or explosives stored on premises ?

 YES NO*If yes please advise***Type****Quantity**

Are flammables stored in approved flammable goods cabinets or store ?

 YES NO**If no, how are they stored ?****SUMS INSURED****PROPERTY SECTION**

Building	\$
Common Contents	\$
Loss of Rent	\$

LEGAL LIABILITY

IS COVER REQUIRED ?

 YES NO

Limit Of Indemnity Required

\$

OFFICE HOLDERS LIABILITY

IS COVER REQUIRED ?

 YES NO

Limit Of Indemnity Required

\$

The number of Office Holders (members of executive committee or subcommittee)

FIDELITY GUARANTEE

IS COVER REQUIRED ?

 YES NO

Sum Insured Required

\$

If Fidelity Guarantee is taken please complete the following questions

- Are there any processes in place to prevent a committee member from controlling any transaction from commencement to completion YES NO
- Is dual control maintained for the handling of all types of securities, negotiable and non negotiable instruments, property and unissued cheques YES NO
- Is an Independent Audit undertaken in respect of all transactions YES NO

YOUR PREVIOUS HISTORY

Have you either alone or jointly with any other party had any of the following in the last FIVE (5) years

Had any losses (whether insured or not) YES NO

If yes, please provide details

200 to 200			200 to 200			200 to 200			200 to 200			200 to 200		
Amount	no	Excess	Amount	no	Excess	Amount	no	Excess	Amount	no	Excess	Amount	no	Excess

Had any insurance policy declined or cancelled, proposal rejected, renewal refused or special conditions such as a high excess imposed ? YES NO

Had any insurer decline any claim submitted ? YES NO

Have you or any of your partners, shareholders or directors of the business ever been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency ? YES NO

Have you **ever at any time** been convicted of a serious criminal offence (other than traffic) ? YES NO

Have you **ever at any time** suffered a large loss (greater than \$250,000) whether insured or not? YES NO

If yes to any of the above please provide details & advise what precautions have you taken to prevent future similar losses (if insufficient space please refer to additional information)

Please advise names of all companies with whom you have previously insured

IMPORTANT (Please read the following carefully before signing this Application)

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could be reasonably expected to know is relevant to the Insurer’s decision whether to accept the risk of the insurance & , if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insure knows or, in the ordinary course of business, ought to know;
- as to which compliance your duty is waived by the insurer.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning

PRIVACY

Custodian Underwriting Agency respects your privacy & complies with the Privacy Act & the National Privacy Principals. A copy of our Privacy Statement is available from our office or online at www.custodianua.com.au

CO INSURANCE

Our policy contains a condition of co-insurance which means that if your Sums(s) Insured is / are inadequate at the time of loss, part of the loss may not be covered. In addition, we will never pay more that the Sum(s) Insured.

GOODS & SERVICES TAX (GST)

To ensure you do not incur any unnecessary GST Liabilities on Claim Settlements please ensure you r Australian Business Number (ABN) & tax status are entered in the space provided in this Application. Any GST Liability from Your incorrect advice is payable by you.

POLICY DETAILS

Anything you state in the Application will form part of the Policy Document unless we tell you otherwise. Before you complete the Application, you should read carefully the Policy because it will tell you about the Insurance you are proposing we provide & contains definition of words used in this Application.

ADDITIONAL INFORMATION

If inadequate space is provided to answer any of the questions raised in this Application, please attach a separate signed Addendum giving full details of the additional information.

DECLARATION & SIGNATURE

You declare & acknowledge as follows

- You have not suppressed misrepresented or mis-stated any material information within your knowledge likely to affect our decision as to your eligibility for insurance & the answers given in this Application are in every respect true & correct.
- You authorise Assetinsure P/L ABN 56 066 463 803 to give to or obtain information from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance I have including this completed application & my insurance claims history & my credit history

Applicant’s Signature

Date

Applicant’s Name

Applicant’s Position

Thank you for Completing This Application