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## COMMERCIAL STRATA INSURANCE QUOTATION REQUEST

**Broker Firm & Contact Name**

**Contact Details**

**Date**

**Subject**

Please provide your quotation based on the following

<b>Insured</b>			
<b>Address Of Risk</b>			
<b>Construction</b>			
Walls			
Floors – Ground			
Floors – Upper			
Roof			
Age Of Building			
No Of Stories			
<b>Security</b>			
Back To Base Alarm			
Local Alarm			
Windows - Type Of Locks			
Doors - Type Of Locks			
Bars & / Or Grills			
Other – please specify			
<b>Fire Protection</b>			
Sprinklers			
Hose Reels			
Extinguishers			
Other – Please Specify			
<b>Occupancy Details</b>			
Industrial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial / Offices	<input type="checkbox"/> Yes <input type="checkbox"/> No
No of Units	No of Lifts	No of Swimming Pools	
<b>Holding Broker</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Current Underwriter</b>			
<b>Expiry Date</b>			
<b>Claims Details Last 5 Years</b>			

**Broker Name****Insured****Sums Insured****Property Section**

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

**Legal Liability**

Limit of Indemnity Required	\$
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**Office Holders Liability**

Limit of Indemnity Required	\$
The number of Office Holders (members of executive committee or subcommittee)	

**Fidelity Guarantee**

Sum Insured Required	\$
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*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

**General Information**