

Residential Strata Insurance Proposal Form



All questions have to be completed and if insufficient space, please attach additional pages.

Please email completed form to VSLResidentialStrata@vero.com.au to obtain a quote.

1. Policy details

Term start date

Expiry date

Product: Residential Strata

Policy Wording: Residential Strata Insurance PDS V11617 25/05/26 A

1.1 General details

Are you the holding broker? Yes No If No, do you have a Letter of Authority to review & quote? Yes No

Name of Holding Underwriter

2. Applicant details

2.1 Insured details

Insured/Owners Corporation name Is building professionally managed? Yes No

Type of Strata:

- Cluster Plan Consolidated Plan Owners Corporation Neighbourhood Association Community Association
 Community Corporation Community Title Scheme Strata Corporation Strata Plan Unit Plan

2.2 General disclosures

Has insurance been declined in past 3 years? Yes No Date insurance declined

If Yes, provide details

Has cover been limited/restricted previously? Yes No Date cover limited/restricted

If Yes, provide details

3. Situation details

3.1 Situation address

Street number Street name

Suburb State/Territory

Postcode

3.2 Building details

Year built Number of floors above ground

Year last refurbished Number of basement levels

Year last replumbed Is building Heritage listed? Yes No

Year last rewired Building valuation done? (last 3 years) Yes No

Number of lots (Residential) Does building have known defects? Yes No

Number of lots (Commercial) If yes, provide details

Number of lots (Total)

Provide commercial floor area %

3.3 Commercial occupancies (if applicable)

Select all that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Bottle shop | <input type="checkbox"/> Cafe | <input type="checkbox"/> Daycare | <input type="checkbox"/> Industrial/Warehousing |
| <input type="checkbox"/> NDIS/Govt/Community Housing | <input type="checkbox"/> Pub/Bar | <input type="checkbox"/> Restaurant/Commercial Cooking | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Tattoo Parlour | <input type="checkbox"/> Tobacco/Vape Shop | <input type="checkbox"/> Massage Parlour | <input type="checkbox"/> Other Retail/Office |

3.4 Construction details

Primary wall material **(External)** Type % Any EPS? Yes No

Other wall material **(if applicable)** Type % If Yes, EPS surface area %

Floor material Any ACP Yes No

Roof material If Yes, ACP surface area %

Are there solar panels or glass atriums on the roof? Yes No Any Asbestos? Yes No

Any building works greater than \$500,000? Yes No If Yes, Asbestos surface area %

If yes, provide details of works:

3.5 Fire protection

Select all fire protection systems present:

- None Fire Extinguishers Fire Hydrants Fire/Smoke Alarms - Monitored Fire/Smoke Alarms - Unmonitored
- Hose Reels Sprinklers - all Building areas (including inside lots) Sprinklers - Car Parks and Common Areas only
- Sprinklers - Common Areas only Sprinklers - Car Parks only Unknown

3.6 Facilities

Number of lifts: Number of pools/spas:

Number of playgrounds: Number of gymnasiums:

Number of tennis courts: Any jetty/wharf/pontoon/marina? Yes No

Is the property located directly adjacent to, or does the property contain: a lake, pond, river, canal, ocean or waterway? Yes No If yes, any commercial/refuelling activities? Yes No

3.7 Occupancy

Are premises at least 50% occupied? Yes No Type of occupancy on the ground floor? Residential Commercial

3.8 Interested parties

Any Interested Parties to note? Yes No Nature of interest

Interested Party Name:

Interested Party Name:

4. Policy performance & Claims history

Have you had claims in past 5 years? Yes No

Claims summary

Date of loss	Type of claim	Total incurred	Status of claim
			Open <input type="checkbox"/> Closed <input type="checkbox"/>
			Open <input type="checkbox"/> Closed <input type="checkbox"/>
			Open <input type="checkbox"/> Closed <input type="checkbox"/>
			Open <input type="checkbox"/> Closed <input type="checkbox"/>
			Open <input type="checkbox"/> Closed <input type="checkbox"/>

5. Policy coverage

5.1 Policy Section 1 - Insured property

Building Sum Insured (BSI): \$	<input type="text"/>	Common Area Contents \$	<input type="text"/>
Loss of Rent/Temporary Accommodation (% of BSI):	<input type="text"/>	Catastrophe Cost Escalation (% of BSI)	<input type="text"/>
Lot Owners' Fixtures and Improvements: per lot	\$300,000	Floating Floors	Included
Flood Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Common Property cover only?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide details of types of property to be insured	<input type="text"/>
Is Co-insurance required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Vero Proportion (%)	<input type="text"/>
What is our Co-insurance position?	Lead <input type="checkbox"/> Follow <input type="checkbox"/>	If Follow, who is the Lead?	<input type="text"/>

Optional Additional Covers

Loss of Market Value: \$100,000 \$250,000 \$500,000 Lot Owners' Contents: \$10,000 \$20,000

5.2 Excess

Standard Excess \$2,000 \$2,500 \$3,500 \$5,000 \$10,000 \$25,000

5.3 Liability & Ancillary coverages

Policy Section 2 - Property Owner's Legal Liability	<input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000 <input type="checkbox"/> \$50,000,000 <input type="checkbox"/> Other <input type="text"/>	Policy Section 6, Part A - Government Audit Costs	\$25,000 <input type="checkbox"/>
Policy Section 3 - Voluntary Workers	\$300,000 Death/\$3,000 Weekly	Policy Section 6, Part B - Health & Safety Appeal Expenses	\$100,000 <input type="checkbox"/>
Policy Section 4 - Fidelity Guarantee Sum Insured	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000	Policy Section 6, Part C - Legal Defence Expenses	\$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/>
Policy Section 5 - Office Bearers' Liability	<input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other <input type="text"/>		

5.4 Machinery Breakdown

Machinery Breakdown Limit of Liability: \$5,000 \$10,000 \$20,000 \$50,000 \$100,000 \$250,000

Any car stacker or turntable? Yes No

Any machinery older than 20 years? Yes No

Air conditioning location (if applicable) Central Individual Lots

Any chilling or cooling towers? Yes No

6.0 Broker details

Brokerage name	<input type="text"/>		
Broker - First name	<input type="text"/>	Last name	<input type="text"/>
Phone number	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Declaration

I declare that to best of my knowledge after making all reasonable enquiries:

- that the Insured has received notice about their duty to us: no misrepresentation;
- that all information provided in this proposal including any accompanying documents is true and complete, and that I have not misrepresented or withheld any material information relevant to Vero's decision to provide insurance;
- that this proposal including any accompanying documents will form the basis of the proposed insurance contract with the Insured;
- that I undertake to inform Vero of any material change to the information provided in this proposal or any new relevant information until the insurance contract is entered into (up to and including the policy inception date);
- that where I have provided information about another individual in this proposal that I have their consent and informed them of Vero's Privacy Statement; and
- that no insurance coverage is in effect until the insurance contract is entered into and accepted by the Insured.

I confirm that I am authorised on behalf of the Insured to complete this proposal and declaration.

Signature

Date

Name (Print)

Position

Important Notices

Please read the Residential Strata Insurance Product Disclosure Statement (PDS) and Policy Wording before buying or making any decision regarding this product. A Target Market Determination is also available.

Your duty to us: no misrepresentation

Before you buy, renew, make changes to, or reinstate this consumer insurance contract, you have a duty to us under the Insurance Contracts Act to take reasonable care not to make a misrepresentation. To meet this duty, it's important that you answer all questions truthfully and accurately. Your answers help us decide if we can insure you and on what terms. Where we remind you of your previous answers, check them carefully, because you also have a duty to tell us if any information on your Policy Schedule is incorrect or has changed.

If any information on your Policy Schedule is incorrect or has changed, contact us. We may be able to reduce or refuse to pay a claim or cancel your policy, or both if:

- you breach your duty to us by giving us information that isn't true and accurate, or
- you don't tell us that information you gave us, that's shown on your Policy Schedule, is incorrect or has changed.

If your misrepresentation was fraudulent, we may be able to refuse to pay a claim and treat the policy as if it never existed.

Privacy

Any personal information collected by Vero in the proposal form will be handled in accordance with our Privacy Statement as set out in the Residential Strata Insurance PDS and Policy Wording, and also available at <https://www.vero.com.au/privacy.html>

Need help?

If you are unsure how to answer a question or what information we need, please speak with your Vero representative or email VSLResidentialStrata.com.au