



Strata Select Insurance Application Form

21 July 2011

Strata Select Insurance

Application Form



Important Information

Code of Practice

Calliden Insurance Limited (Calliden) is a signatory to the General Insurance Code of Practice (Code). The Code aims to raise standards of service between insurers and their customers. Our service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact us (see contact details below) or the Financial Ombudsman Service on 1300 780 808 or visit www.codeofpractice.com.au.

Claims Made and Notified Section of the Policy

Section 5 - Office Bearer's Liability is a 'claims made' cover. This means that the policy covers you for claims first made against you during the Period of Insurance and notified to the insurer during the Period of Insurance.

Section 5 of the Policy does not provide cover in relation to:

- Any Wrongful Act which occurred on or before the Retroactive Date;
- Claims made against you after the expiry of the Period of Insurance even though the event giving rise to the claim may have occurred during the Period of Insurance;
- Claims arising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current Period of Insurance or on any previous proposal or of which notice had been given under any previous policy;
- Claims arising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the Period of Insurance may give rise to a claim.

As explained above, the policy, by its terms, does not provide cover for claims made after the expiry of the Period of Insurance.

Section 40(3) of the Insurance Contracts Act 1984 however provides that an insurer is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the Period of Insurance cover provided by the contract where the insured has given notice in writing to the insurer:

- of the facts that might give rise to a claim against the insured;
- as soon as was reasonably practicable after the insured became aware of those facts, and
- before the expiry of the Period of Insurance.

It is therefore important that you advise Calliden of any circumstances that could rise to a claim during the Period of Insurance to protect your position in case the circumstances give rise to a claim after the expiry of the Period of Insurance.

Form Completion

Please answer all questions. Please tick appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate sheet of paper and attach it to the Application Form.

Your Duty of Disclosure (please read carefully)

Prior to entering into a contract of general insurance You have a duty to disclose certain information. You have the same duty to disclose prior to renewing, extending, varying or reinstating a general insurance contract.

What You must tell Us

When answering Our questions, You must be honest and You have a duty under law to tell Us anything known to You, and which a reasonable person in the known circumstances would include in answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under the Policy, and on what terms.

Who needs to tell Us

It is important that You understand You are answering all Our questions in this way for yourself and anyone else whom You want to be covered by the Policy.

If You do not tell Us

If You do not answer the questions in this way, We may reduce or refuse to pay a claim, or cancel the Policy. If You answer Our questions fraudulently, We may refuse to pay a claim and treat the Policy as never having operated.

Important

This duty of disclosure applies to all the people named on the Application Form. Please read this Policy carefully to ensure:

- a) You are aware of all the contractual rights and obligations;
- b) the Policy provides the cover You require;
- c) You are aware of the limits regarding Policy coverage and what We will pay You under the Policy.

Privacy

The information collected on this proposal form will be used to assess Your request for insurance and to provide other insurance services in accordance with Our privacy policy. In addition We may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If You do not complete the proposal form in full, and in accordance with Your duty of disclosure, We may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Our privacy policy You may obtain access at any time to information that We or Our service providers hold on you. If You would like to contact Us about privacy, or would like to obtain a copy of the privacy policy You may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to: privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565.



Application Form

Policy No. <input type="text"/>	Intermediary <input type="text"/>
Cover Note No. <input type="text"/>	Replacing Policy No. <input type="text"/>
Period of Insurance: From <input type="text"/>	to 4pm on <input type="text"/>

The Insured

Please answer each question on behalf of all insured parties who will be covered by this contract. If insufficient space, please provide details on a separate sheet of paper and attach to this Application Form.

Insured's name in full <input type="text"/>	Telephone No. <input type="text"/>
Name and address for notices <input type="text"/>	
Situation of property <input type="text"/>	
Other interested parties <input type="text"/>	

Construction & Occupation

1. Construction Walls: Roof: Floors:

If concrete walls, are these tilt-slab construction? Yes No

Premises details No. of storeys: Age of Building: No. of car spaces:

 No. of Buildings Minimum separation No. of lifts/escalators:

Are the Buildings occupied by (please tick one)

The Insured Tennants only Combination of both

No. of units No. of vacant units Longest vacancy months

2. State the occupancy of each unit, noting ALL vacant units (if there is insufficient space please attach a separate list to this Application Form).

Unit 1 <input type="text"/>	Unit 6 <input type="text"/>
Unit 2 <input type="text"/>	Unit 7 <input type="text"/>
Unit 3 <input type="text"/>	Unit 8 <input type="text"/>
Unit 4 <input type="text"/>	Unit 9 <input type="text"/>
Unit 5 <input type="text"/>	Unit 10 <input type="text"/>

Note: It is the duty of the Insured, their agent or broker to advise Calliden of any change to the occupations carried out at the Situation.

Is the Building or land subject to redevelopment, or is redevelopment intended in the near future? Yes No

If "Yes" please give details below

Note: Redevelopment Property can only be insured for Indemnity Value.

3. Please list the percentage of floor area of Buildings at the Situation by occupancy type:

Residential % Office % Other Commercial % **Total: 100%**

4. Please list the number of residential units at the Situation which are:
- Owner occupied
- Leased to residential tenants on a long-term basis
- Used by the owner as a holiday home or for short term holiday rental
5. Does the Building(s) have a lift(s)? Yes No
- If yes, please list the number of lifts
- Are lifts limited for use to access Lots/Units occupied for residential purposes or as offices only? Yes No
6. Does the Building(s) have a swimming pool(s)? Yes No
- If yes, please list the number of swimming pools
- Are swimming pools limited for use by residents living in residential Lot/Units only? Yes No
7. Does the Building(s) have a gym(s)? Yes No
- If yes, please list the number of gyms
- Are gyms limited for use by residents living in residential Lot/Units only? Yes No
8. Is the strata professionally managed? Yes No

Security

Type of security (please tick one):

- automatic security company response notification to owners phone local alarm
- deadlocks only other, please specify

- Is there perimeter fencing around the whole property? Yes No
- If yes are the gates locked at night? Yes No

Fire Protection

Type of fire protection (please tick):

- fire extinguishers hose reels hydrants
- monitored smoke detectors fully sprinklered

Section One: Property Insured



Note: There are some covers provided automatically when You insure Your Building. Particular attention should be paid to the adequacy of the covers automatically provided to You in all loss scenarios.

BUILDING(S) Sum Insured
\$

ADDITIONAL BENEFITS – are paid in addition to Your Building Sum Insured. However, You should still review them to ensure the covers are sufficient to adequately indemnify You. Extra cover may be provided on application. These covers must be specified as a Sum Insured below.

Temporary Accommodation, Loss of Rent Receivable, Reletting Costs, Maintenance Fees and Removal and Storage Costs of Lot Owners Contents \$
(if no separate Sum Insured is selected the amount payable will be limited to 15% of the Building Sum Insured)

Common Contents \$
(if no separate Sum Insured is selected the amount payable will be limited to 1% of the Building Sum Insured)

To Increase other Additional Benefits please specify the benefit type and Sum Insured below.

(if no separate Sum Insured is selected the amount payable will be limited to the limits provided for in the wording)

Additional Benefits \$

If insufficient space please provide on separate piece of paper and attach to this Application Form.

OPTIONAL ADDITIONAL BENEFITS

1. Do you require cover for Lot/Unit Owners Fixtures and Improvements for Commercial Lots/Units?

Yes No

If yes, please specify the Sum Insured required

\$

Note: Sum Insured applies to all claims for all Lots/Units, any one Incident.

2. Do you require Catastrophe Cover?

Yes No

If yes, please specify the Sum Insured required

\$

Note: Sum Insured cannot exceed 30% of the Sum Insured for Buildings)

Section 2 - Property Owners Legal Liability



Do You require Property Owners Legal Liability cover?

Yes No

Note: minimum Limits of Liability levels are required under some state's legislation. Please be aware of your requirements prior to selecting the limit.

Limit of Liability Required

\$10,000,000

\$20,000,000

Other (please specify) \$ prior approval required

Note: amounts above \$20,000,000 or below \$5,000,000 can not be selected.

Section 3 - Fidelity Guarantee



Do You require Fidelity Guarantee cover?

Yes No

Sum Insured Required

\$25,000

\$40,000

\$50,000

Other (please specify) \$ prior approval required

Section 4 - Voluntary Workers' Personal Accident



Do You require Voluntary Workers Personal Accident cover?

Yes No

Sum Insured required:

Capital Benefit Sum Insured

\$50,000

\$100,000

Other (please specify) \$ prior approval required

Weekly Benefit Sum Insured

\$500 per week

\$1,000 per week

Other (please specify) \$ prior approval required

Section 5 - Office Bearer's Liability



Do You require Office Bearer's Liability cover?

Yes No

Note: This policy is a "Claims Made" wording which means that it covers You only against those Wrongful Acts committed or alleged to have been committed and reported to the Insured and then reported to Us during the Period of Insurance. There is NO cover under the Policy after expiry, regardless of the date of occurrence.

Number of Committee Members

Limit of Liability Required \$

Are there any claims which have been made, or which are pending against the Insured proposed for this insurance which would be covered under this Policy?

Yes No

If "yes," please give insurance details:

Is any Insured proposed for this insurance aware of any Wrongful Act which might be valid grounds for a claim under this Policy?

Yes No

If "yes," please give insurance details:

Declaration of Office Bearer's Liability



I/We, the Member(s) of the Committee, declare that to the best of my/our knowledge and belief the statements set forth herein are true.

I/We declare that I/We have read and understood the duty of disclosure notice appearing at the beginning of this Application Form.

Signature of Chairman or Individual Office Bearer

Signature of Secretary or Treasurer

Date:

Contact No.

Section 6 - Machinery Breakdown



Do You require Machinery Breakdown cover?

Yes No

OPTION A

Standard cover Maximum limit any one loss arising out of any one event or series of events arising directly or indirectly from one source or original cause:

\$10,000 Other \$

Specify unit numbers in the boxes provided for All motors to be covered under 5h.p. or 4kw

- Refrigerators/freezers/cool rooms
- Air-conditioning units
- Air circulation units
- Swimming pool motors
- Others – please specify each machine below

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Option B

Specify ALL motors exceeding 5hp or 4kw and Boilers and Pressure Plant to be covered

Unit Name/Type of Use	Serial Number	Hp or KW	Age(yrs)	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any apparent known defects in any of the specified machinery or boilers and pressure plant?

Yes No

If yes please specify

<input type="text"/>
<input type="text"/>
<input type="text"/>

Do any of the items insured require a certificate of inspection?

Yes No

If yes please specify (Note: prior approval required)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Note: this section specifically excludes cover for lifts, submersible pumps, boilers and pressure plant, escalators or other people moving devices unless specifically declared.

Section 7- Legal Expenses



Do you require Legal Expenses Cover?

Yes No

Limit of Liability required:

\$50,000

\$100,000

Other (please specify) \$ prior approval required

Note: The Limit of Liability applies to any one Period of Insurance.

Section 8 - Audit Expenses



Do you require Audit Expenses cover?

Yes No

Limit of Liability required:

\$25,000

\$50,000

Other (please specify) \$ prior approval required

Note: The Limit of Liability applies to any one Period of Insurance.

Insurance Details



In the last five (5) years has any insurance company:

a) refused to renew a Policy for You?

Yes No

b) refused a claim under a Policy for You?

Yes No

c) cancelled or terminated a Policy for You?

Yes No

d) required an increased premium for a Policy for You?

Yes No

e) imposed special conditions under a Policy for You?

Yes No

If "yes," to any of the above, please give details:

Please give details of Insurance claims or uninsured losses You have had in the past five (5) years

Do any of the covers proposed replace existing insurance?

Yes No

If "yes," please give details:

Type of Cover	Company Name	Policy Number	Expiry Date

Declaration

"I/we have read the duty of disclosure included in this Application Form. I/we confirm that the answers and statements in this application are correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

I/we acknowledge that the personal information Calliden collects from me/us is collected for the purpose of processing this application, fulfilling Calliden's obligations in providing services to me/us, for the development of products and services, and to allow Calliden Group to market products and services. If I/we do not provide relevant information, I/we acknowledge that Calliden may be unable to process my/our application. I/we acknowledge that information may be disclosed to:

- intermediaries through which I/we deal with Calliden (for instance an agent, broker or financial advisor);
- claims assessment participants (for instance an assessor, investigator and/or loss adjuster);
- other reputable service providers (for instance mail houses); and
- underwriters, who are responsible for part/all of the risk under a contract of insurance (for instance a reinsurer).

I/we understand that Calliden may give to or obtain from other insurers and/or Insurance Reference Services information from this application and claims information obtained through the course of the contract.

By signing this Application Form, I/we consent to Calliden collecting and using this information for these purposes. This is subject to my/our right to opt out of receiving various direct marketing material at any time.

I/we acknowledge that I/we have rights to access our personal information held by Calliden in accordance with the National Privacy Principles.

I/we understand that this insurance does not operate until acceptance of this application in writing by Calliden (except for any cover provided under an interim contract of insurance)."

Signature	Date: / /
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Signature	Date: / /
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This declaration MUST be signed by or on behalf of all parties who are making this application for insurance.

QUS Pty Ltd

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This product is issued by Calliden Insurance Limited ABN 47 004 125 268, AFS Licence No. 234438

Office Use Only

Building Sum Insured \$

Temporary Accommodation/Loss of Rent \$

Other Additional/Special/Endorsed Benefits \$

Maximum Property Event Limit



Product issued by
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