



DENNIS FOSTER Insurance Brokers

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Residential Strata Information Sheet

Date _____

Referred By _____

Insured _____

Contact Name: _____ Email Address: _____

Postal Address: _____ Postcode _____

Phone No's: _____ Fax _____

Has any insurer ever been refused or cancelled or required special terms to insure you? **No Yes**

Are there any exceptional circumstances relating to this risk that an insurer should know? **No Yes**

Have there been any claims/accidents in the last 5 years? **No Yes**

Is the premises occupied? **No Yes**

Are there any hazards/defects associated with the property? – *Please provide details* **No Yes**

Is any portion of the building occupied for commercial purposes - ***Please complete the commercial quote form***

If you have answered yes to any of the above questions please provide full details (*Date, amount, description*): _____

Situation _____

Property Details

No. of Units _____ No. of Lifts _____ No. of Car Stackers _____ No. of Pools _____ No. of Levels _____

No. of Basements _____ Year Built _____ Rewired/Plumbed (when) _____ Sprinklers _____

No. of Gyms _____ No. of Water Features _____ No. of Jetties/Wharfs _____

Is the Property Heritage Listed **No Yes**

What occupies the Ground Level (garage only, residential) _____

Occupied as - Long term _____% Serviced Apartments _____% Holiday Let _____%

Is the Property close to Bushland **No Yes** Is the Property in a Flood or Cyclone Zone **No Yes**

Wall Construction

Brick Veneer _____ Double Brick _____ Timber _____ Weatherboard _____ Concrete _____ Asbestos _____

Other _____ Floor Construction

Concrete _____ Timber _____ Concrete & Timber _____ Other _____

Roof Construction

Colourbond _____ Steel _____ Cement Tiles _____ Terra Cotta _____ Concrete _____ Other _____

Cover Required

Building Sum Insured \$ _____

Common Contents Sum Insured \$ _____

Additional Loss of Rent (15% Automatically provided) \$ _____

Catastrophe Cover \$ _____

Additional Catastrophe Cover \$ _____

Public Liability	\$ _____	
Fidelity Guarantee - <i>Standard</i>	\$100,000	
Office Bearers Liability	\$ _____	
Voluntary Workers/Personal Accident - <i>Standard</i>	\$200,000/\$2,000	
Machinery Breakdown – <i>Include details of items and values</i>	\$ _____	
Workers Compensation (As per Statutory Legislation) - <i>Only required if you are paying workers over \$7,500 per year</i>	\$ _____	
Paint Cover	No	Yes
Floating Floor Boards	No	Yes
Flood Cover	No	Yes

Current Insurer _____ Current Excess _____ Premium \$ _____

Additional Information to Provide: _____

