



BODY CORPORATE ELITE PACKAGE APPLICATION

Completing the Application

- Please read the "Statutory Notice" before completing this Application.
- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

Applicant Information

Applicant Name:	Strata Plan/Lot Number:
Building Address:	
Key Contact:	Phone:
Is there a Strata Manager appointed? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide details below:	
Property Management Company:	Strata Manager:
Address:	Phone Number:
1. Web site address:	

SECTION A GENERAL INFORMATION

1. Please complete and tick the required cover and limits:

Policy 1 Property Insurance	Limits of Insurance			
Policy 1 Section 1 Property Damage	Declared Values: ▪ Building Sum Insured: \$ ▪ General Contents Sum Insured: \$ Limit of Insurance: \$			
Policy 1 Section 2 Temporary Accommodation & Loss of Rent	Includes Temporary Accommodation and Loss of Rent up to 15% of the Limit of Insurance			
<input type="checkbox"/> Policy 1 Section 3 Declared Catastrophe Extension	This Section is optional			
Policy 1 Section 4 Money	Limit of Liability \$10,000			
Policy 1 Section 5 Machinery Breakdown	<i>machinery & plant < 4kws not otherwise excluded</i> Limit of Liability \$25,000			
Policy 2 General Liability	<input type="checkbox"/> \$10m	<input type="checkbox"/> \$20m	<input type="checkbox"/> \$30m	<input type="checkbox"/> \$
<input type="checkbox"/> Policy 3 Crime Insurance - optional	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Policy 4 Machinery Breakdown	Limit of Liability \$			
Policy 5 Management Committee Liability	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Policy 6 Voluntary Workers	\$100,000 per Volunteer / \$500,000 annual aggregate			

SECTION B PROPERTY INSURANCE

1. Building Details:

Type	Construction
Walls	
Floors	
Roof	
Frame	

Type	Details
Number of levels	
Number of Apartments	
Is there an atrium or other opening between levels	
Year constructed:	
Year refurbished:	
Gross floor area (sq. metres):	
Gross car park area (sq. metres):	
% of Apartments vacant:	%

Private Protection	Details
<input type="checkbox"/> Automatic sprinkler system	_____ %age sprinkler protected
	<input type="checkbox"/> Alarmed <input type="checkbox"/> Local <input type="checkbox"/> Central station
Age & Design of Sprinkler System:	
<input type="checkbox"/> Fire or smoke detection	_____ %age covered by detection system
	<input type="checkbox"/> Alarmed <input type="checkbox"/> Local <input type="checkbox"/> Central station
<input type="checkbox"/> Burglary detection system	_____ %age covered by detection system
	<input type="checkbox"/> Alarmed <input type="checkbox"/> Local <input type="checkbox"/> Central station

2. Property Value Adequacy:

Last Building Replacement Cost Valuation (please attach a copy)		
Valued by who:	Date:	Valuation Amount:

3. Additional Exposures:

Adjoining Property & Land	Details
Distance from neighbouring properties (in metres):	
Describe occupancy of neighbouring properties:	
Are the premises located near any waterways:	
Are the premises subject to stormwater run-off:	

SECTION C GENERAL LIABILITY

1. Exposures:

Activities & Facilities (tick exposures at your premises)		
<input type="checkbox"/>	child care/child minding facility	
<input type="checkbox"/>	playgrounds	
<input type="checkbox"/>	lakes/ponds/water courses	
<input type="checkbox"/>	bridge/boardwalk	
<input type="checkbox"/>	pier/wharf/jetty	
<input type="checkbox"/>	swimming pool	Tennant and guest use only? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	spa	Tennant and guest use only? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	gymnasium	Tennant and guest use only? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	golf course	Tennant and guest use only? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	tennis/squash court	Tennant and guest use only? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	organised sporting or recreation activities	Tennant and guest use only? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	cinema/theatre	Seating Numbers:
<input type="checkbox"/>	CCTV	In what areas:
<input type="checkbox"/>	car parking	No. of Bays: Fee Paying: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	retail outlet/s. Number: _____ Please list tenants:	
<input type="checkbox"/>	Are there any proposed building works in the next 12 months?	Value: \$ Description:

If yes to any of the above please provide details.

2. Third Party Exposures:

Contractual Arrangements	Details
Do you engage contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require proof of public liability and workers compensation insurance from contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List all contractual liabilities assumed by the applicant including hold harmless or indemnification agreements? Please provide a copy of your Agency Agreement with your Strata Manager.	

3. Security:

Building Security	Details
Does the general public have access to common areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please detail the security measures at your property.	

SECTION D CRIME INSURANCE

	Details
Who is responsible for handling funds for the Strata?	Body Corporate <input type="checkbox"/> Strata Manager <input type="checkbox"/>
Does the person reconciling bank statements also sign cheques and/or handle bank deposits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the person preparing cheque requisitions also sign cheques?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are countersignatures required on all cheques?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If funds transfer procedures are used: Who has authority to initiate a funds transfer?	

SECTION E MACHINERY BREAKDOWN

This section is for items over 4 kws. Most items up to 4 kws are covered under Policy 1 Property Insurance.

1. Items to be covered:

Tick if Required	Description of Machinery & Plant	Maintenance Agreement in Place
<input type="checkbox"/>	Boilers	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Cooling Towers	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Air Conditioning Chiller Sets	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Diesel Generators	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Lift Motor Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Other. Please Describe:	

SECTION F VOLUNTARY WORKERS

Volunteer History	Details
Have you had any volunteers in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please provide details.	

5. Notifications & Claims

Prior Knowledge & Warranty This applies to Management Committee (Office Bearers) Liability only	Details
Note: This section need not be completed if this proposal is with respect to a renewal of a current Chubb Insurance Company of Australia Limited Management Committee Liability.	
(a) Has the Applicant or any person proposed for coverage given notice under the provisions of any prior or current office bearers insurance policy or similar insurance of facts or circumstances which might give rise to a claim being made against any such person?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach details.
(b) Has there been or is there now pending against the Applicant or any office bearer of the Applicant a claim against them in their capacity as such? It is agreed that any such claim is excluded from the proposed coverage.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach details.
(c) Within the last three years, has the Applicant, its directors, officers and/or any other proposed insured person received any complaint, suit, inquiry or notice of a hearing from any State, Territory or Federal regulatory, body, or any other party? It is agreed that if such facts or circumstances exist, any claim, action or proceeding arising therefrom is excluded from the proposed coverage.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide specific details.

SECTION H PRIOR CLAIMS

Please provide details of any claims in the past 5 years

Claim Type	Date	Details of Claims	Amount
Property Damage Damage to your Building or Contents? Yes <input type="checkbox"/> No <input type="checkbox"/>			
General Liability Claims brought against you by any third party? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Crime - Fraud or Theft Yes <input type="checkbox"/> No <input type="checkbox"/>			
Machinery Breakdown Breakdown of any machinery & plant? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Voluntary Workers Injuries to Volunteers? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Any Other claims against you? Yes <input type="checkbox"/> No <input type="checkbox"/>			

FALSE INFORMATION

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

DUTY OF DISCLOSURE

Is there any other matter you should advise us of in accordance with your duty of disclosure? If yes, comment in space provided below.

DECLARATION

1. I/We have read the Important Notices at the head of this Application.
2. I/We declare that the answers above are true and correct and I/We have discharged my/our duty of disclosure.
3. I/We agree that the person completing this Application wholly or in part does so as my/our agent and not that of Chubb Insurance Company of Australia Limited.

/ /

Signature of an Executive Officer of the Applicant

Date

Name & Title

STATUTORY NOTICE

A YOUR DUTY OF DISCLOSURE - CONTRACTS OF GENERAL INSURANCE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, 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 any matter:-

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

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their 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.

B UTMOST GOOD FAITH

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by the Insurer.

C CLAIMS MADE DURING THE POLICY PERIOD

This policy provides cover on a "claims made" basis, which means that claims first advised to you (or made against you) during the period of insurance are covered, irrespective of when the incident causing the claim occurred.

D NOT A RENEWABLE CONTRACT

Cover under this policy will terminate at expiry of the Policy Period specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

E CHANGE OF RISK OR CIRCUMSTANCES

It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.

F SUBROGATION

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make agreement with a third party that will prevent the Insurer from recovering the loss from that, or another party.

Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.