

## RESIDENTIAL BODY COPORATE / OWNERS CORPORATION INSURANCE QUESTIONNAIRE

### INSURED DETAILS

Body Corporate No.

Address of Insured Property

Suburb / Town

State  Postcode

Contact Name

Position

Email Address  Telephone

Preferred Method of Contact    Email    Telephone

Current Insurer  Current Policy Expiry Date

### CLAIMS HISTORY

Please list ALL claims in the past (5) years

Date of Claim	Description	Amount (\$)	Insurer
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### OCCUPATION

Is the Body Corporate:    Residential Only    or    Combined Residential & Commercial Use

If Combined Residential & Commercial Use:

Please list ALL Commercial Use occupations at the situation?

% of the Body Corporate?

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

**PROPERTY PARTICULARS**

How many separate buildings make up the Insured situation?

Please describe:

	Construction			No. Storeys	Year Built	Sprinklered?	Monitored Smoke Detectors?
	External Walls	Roof	Floor				
Building # 1							
Building # 2							
Building # 3							
Building # 4							
Building # 5							
Building # 6							

TOTAL REPLACEMENT VALUE SUM INSURED (ALL BUILDINGS): AUD \$

TOTAL REPLACEMENT VALUE SUM INSURED (COMMON CONTENTS): AUD \$

Do you require Catastrophe Cover? Yes No

Do you require cover for Machinery Breakdown? Yes No

**PUBLIC LIABILITY**

**Common Areas**

Do Body Corporate common areas include:

	Yes	No	If yes, how many?	Hours of Operation
Driveways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Courtyards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
BBQ's/Gazebos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/>
Laundries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Swimming Pools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/>
Tennis Courts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/>
Gymnasium?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/>
Elevators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Stairwells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Balconies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
On-site parking for non-tenants/owners)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many spaces are provided?	<input type="text"/>
Any other common areas not shown above?	<input type="checkbox"/>	<input type="checkbox"/>		

If yes, please describe

Limit of Indemnity Required?	\$10 million	\$20 million	Other	
Does the Body Corporate have 24 hour on-site management?	Yes	No		
Is property maintenance performed by external contractors?	Yes	No		
If yes, do you ensure that all external contractors have Public Liability Insurance?	Yes	No		
If no, who carries out property maintenance?	<input type="text"/>			
Do you require Liability cover for office bearers?	Yes	No	If yes, what limit is required?	<input type="text"/>
Do you require cover for Fidelity Guarantee?	Yes	No	If yes, what limit is required?	<input type="text"/>
Do you require Body Corporate entity Liability?	Yes	No	If yes, what limit is required?	<input type="text"/>

**IMPORTANT INFORMATION**

By checking the box below you acknowledge, consent and agree that:

- All answers provided in this questionnaire are true and correct.
- Nepean Brokers & Associates Pty. Ltd., it's employees, associates and related entities makes no offer; express, implied, constructive or otherwise to effect Insurance cover on your behalf, until and only at such time as you have provided due and proper written authorisation to do so.
- Any quotation obtained on your behalf may be subject to variation, at the sole discretion of Nepean Brokers & Associates Pty. Ltd. and/or at the direction of any participating Insurer.
- Nepean Brokers & Associates Pty. Ltd., reserves the right to withdraw any quotation prior to the inception of a new policy of Insurance, at it's sole discretion and/or at the direction of any participating Insurer.
- Any information that you provide on this questionnaire may be used by Nepean Brokers & Associates Pty. Ltd. for the purposes of obtaining quotations on your behalf or for any other legitimate purpose subject strictly to the Privacy Act (Cth) 1988.
- Further information may be sought from you if required, and pursuant to your responses on this questionnaire

I acknowledge, consent and agree to the above.

Name

Position

Date