



PROPOSAL FOR STRATA INSURANCE

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION • TICKS AND DASHES ARE NOT SUFFICIENT

THE PROPOSER

1. (a) Name of Strata in full including No.
BLOCK LETTERS PLEASE

(b) Strata Contact Person: _____

(c) Phone No. (Work): _____ (Home): _____ (Mobile): _____

(Email): _____

(d) **MAILING** Address: _____

(e) State Desired Period of Insurance From: _____ To: _____

THE PROPERTY

2. (a) Street address of the Strata Property: _____

(b) Block and Parcel: Block _____ Parcel: _____

(c) How many buildings are on the property? _____

(d) How many feet separate each building? _____

Is the property:-

(e) in an area that has a history of flooding, subsidence, ground heave or landslip? Yes No

(f) showing signs of damage by subsidence, ground heave or landslip? Yes No

(g) within 100 feet of the high water level along the sea coast? Yes No

(h) in good repair and will it be so maintained? Yes No

(j) Location: Inland Yes No Waterfront Yes No Canal Yes No

(k) How is your property constructed:-

Exterior Walls: _____ Interior Walls: _____

Roofed with: _____ Type: Flat Gable Hip Parapet

Number of Storeys: _____ Total Square Footage: _____ Age of Building(s): _____

Are there any hurricane protection features: Straps Shutters Ties Other Specify: _____

(l) Construction of Outbuilding(s) if any:-

Exterior Walls: _____ Type of Foundation: _____
Roofed with: _____ Type: Flat Gable Hip Parapet

PREVIOUS INSURANCES

3 (a) Are you now or have you ever been insured against any of the risks proposed? Yes No

If 'yes', who was your Insurer: _____

(b) Have you ever :-

i. Had any insurance refused, been subjected to special terms or been asked
Asked to take extra precautions? Yes No

ii. Been cancelled for non-payment? Yes No

If 'yes' to any items, please give full details: _____

CLAIMS HISTORY

4 (a) Have you sustained loss or damage by any of the risks or liabilities you now wish to insure? (All losses must be included whether claim made/paid or not) Yes No If 'yes', please complete the table below:

Date of Loss	Particulars	Total Loss	Amount Paid/Claimed

COVERAGE REQUIRED

5 (a)

Item	Description	Sum Insured
1	Building(s) (please ensure that the sum insured includes AC units & hot water heaters)	\$
	Building(s)	\$
	Building(s)	\$
	Building(s)	\$
	Building(s)	\$
	Building(s)	\$
	Building(s)	\$
2	Outbuildings	\$
3	Swimming Pool(s) <i>(must specify separately to be covered)</i>	\$
4	Decking	\$
5	Walls, Fences & Gates	\$
6	Paths & Driveways	\$
7	Tennis hard courts	\$
8	Satellite Dish <input type="checkbox"/> Generating Plant <input type="checkbox"/> <i>(must specify separately to be covered)</i>	\$
9	Dock and/or Seawall <i>(must be approved by the Company)</i>	\$
10	Other:- Specify	\$
11	Removal of Debris	\$
12	Professional Fees	\$
13	Strata Contents	\$
14	Appliances	\$
15	Alternative Accommodation or Loss of Rent	\$
16	Total Sum Insured:	\$

5 (b) Public Liability (Premises)

State Limit of Indemnity required: \$

DECLARATION

I/We hereby warrant the truth of the above statements. I/We declare that I/We have withheld no information whatsoever which might tend in any way to increase the risk of the Company or influence the acceptance of this Proposal. I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept a Policy subject to its conditions.

Date:

Signature of Proposer:

Please Print Name & Position Held: