

Quotation Slip

Lot Owners Homes/Lot Owners Commercial



Date	Agent/Broker/Lot Owner	Name	
Phone	Mobile	Email	
Insured	Scheme Name		
Your Lot Number	Mortgagee/s if any		
Mailing Address	Suburb	State	Postcode
Property Address	Suburb	State	Postcode

INSURANCE DETAILS

Current Insurer	Policy Due Date (dd/mm/yyyy)	Excess(es) \$	Total Premium \$
Has Renewal Been Offered?	Yes No - Please specify reason		
Has Insurance Been Declined Or An Excess Imposed?	No Yes - Please Specify		
Insurer Claim For Last 3 Years	No Yes - Please attach claims history		

BUILDING INFORMATION

Year Built	No. of Storeys	Heritage Listed	Yes	No
Occupied	Yes No	If Occupied for Commercial Purposes Describe Occupancy		
If Property is Occupied by Tenant, Do You Require Landlords Insurance		No	Yes - If Yes, we will contact you for further details	
Any Building or Common Property Defects?		No	Yes - Please attach report(s)	
Walls	Other - Specify	Roof	Other - Specify	
Floors	Other - Specify			
Fire Sprinklers Installed	No	Yes, All Floors	Yes, Partially - Please Specify	

BUILDING FACILITIES

Is there a Lift	Yes No	Is there a Pool	Yes No	Is there a Gym	Yes No
Other Facilities – Please specify					
Are Onsite Services Provided?		No	Yes – Please specify		

POLICY VALUES

Building Sum Insured (BSI)	\$	Machinery Breakdown*	\$
Public Liability	\$	Catastrophe (15% or 30% of BSI)	\$

*Please provide a list of Machinery items

AUTOMATIC POLICY INCLUSIONS

15% Loss of Rent, Voluntary Workers, Fidelity Guarantee, Government Audit Costs & Legal Expenses and Lot Owners Fixtures & Improvements