

Residential Strata Fact Finder



Sunshine Coast
Phone 1800 072 114
North & Central Queensland
Phone 1800 629 701
www.steelpacific.com.au

Date: _____

Brokers please note: this form should be discussed with your client as a Fact Finder and then reviewed by yourself when providing this information to an Insurer to ensure coverage and sums insured are appropriate.

Download and Save this file to your computer before completing.
This file is an interactive PDF and will let you type data into the form and save it.

Advice Required Specific General

Source Yellow Pages Counter Internet Referred by: _____

INSURED'S GENERAL INFORMATION

CTS No. _____ Name of Building _____

Name of Insured(s) _____

Situation of Risk _____

Phone (Business) _____ Fax _____

Mobile Phone _____ Email _____

Are you willing to accept all correspondence relating to your insurance via email? Yes No
If 'Yes' please confirm email details correct.

TYPE OF INSURANCE

Cover Type Building Sum Insured \$ _____ Common Contents \$ _____

Loss of Rent/Temporary Accommodation \$ _____

Catastrophe Cover \$ _____

Liability Cover \$10m \$20m Other \$ _____

Year Built _____ If over 50 years; rewired? Yes No

Construction
Walls Brick Veneer Timber Concrete Block
Floor Concrete Timber
Roof Colourbond Tile Iron Other _____

How Many Units
Owner Occupied _____ Holiday Home _____
Standard Rental _____ Holiday Rental _____

Number of Storeys _____

Gym/Sporting Facilities Yes No Playground/Water Feature Yes No

Pontoons, Jetties, Marinas Yes No

Security & Fire Protection
Smoke Detectors Yes No
Alarm Yes No Local Base
Doors Yes No Standard Deadlocks Double Deadlocks
Windows Yes No Standard Keyed Locks Grills & Screens
CCTV Yes No What is the extent of coverage? _____ %
Night Patrol Yes No

Any Business operated from the premises? Yes No If 'Yes', how many & the occupation(s) _____

Does the Property have any:

Lifts Yes No If 'Yes', how many? _____

Escalators Yes No If 'Yes', how many? _____

Pools Yes No If 'Yes', how many? _____

Common Aircon Yes No If 'Yes', how many? _____

If 'Yes' to any, do you require Machinery Breakdown? Yes No

Professional Body Corporate Management service? Yes No If 'Yes', please provide company name? _____

Office Bearers Liability Yes No Number of Officers _____ Limit \$ _____

Fidelity Guarantee Is cover required for theft or embezzlement of money? Yes No Limit \$ _____

Voluntary Workers Is cover required? Yes No Limit \$ _____

Workers Compensation (NSW, WA, TAS & ACT only) Yes No Type of Work _____ Limit \$ _____

Is Flood cover required Yes No Flood prone area? Yes No Any Flood claims? Yes No

Claims in last five (5) years:

Date of Loss _____ Payout \$ _____

Description _____

Current Insurer _____ Current Policy No. _____ Expiry Date _____

DUTY OF DISCLOSURE

In the past 5 years, have you or any person to be insured under this policy, been convicted of a criminal offence? Yes No

Have you, or any person to be insured under this policy, ever been declared bankrupt, in liquidation or entered into insolvency? Yes No

Has an insurance company ever declined to accept insurance from you, cancelled a policy other than by your request or declined to renew a policy held by you? Yes No

INSURANCE NEEDS

Do you have any other insurance needs not listed above? Yes No

Please specify _____

Outcomes & Comments _____

Account Manager _____ Details Taken By _____

Today's Date _____ WEF Date _____

BROKER ONLY SECTION

Most Important Features

Rank which is most important to the client (in the order of importance, 1 being most important).

_____ Price of the Insurance;

_____ Lower Excess;

_____ The Insurer's Claim Paying Record / Service;

_____ The Insurer's Credit Rating / Financial Strength;

_____ Australian Insurer;

_____ Other — Insert details of Other: _____

Best Interests Assessment

Will the client be better off with a new policy? Yes No

If 'Yes', detail why the client is better off: _____
