

# 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  Other  
Construction Walls  Brick  Asbestos  Timber  Other \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Loss \_\_\_\_\_ Payout \$ \_\_\_\_\_

Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_