

Quotation Slip

Community Association

We recommend you first download this form and then fill out using Adobe as some internet browsers do not support pdf fillable forms and your completed data may be lost if downloaded after completion.



Date	Agent/Broker/Lot Owner	Name	
Phone	Mobile	Email	
Type of Association/Scheme Name		Deposited Plan Number DP	
Mailing Address	Suburb	State	Postcode
Property Address CP	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		

PROPERTY INFORMATION

Year Built	No. of Lots	Does CP Contain Buildings	No Yes - Then please complete the following information
Heritage Listed	Yes No	Who Occupies the Building and for What Purpose	
No. of Storeys	Any Building or Common Property Defects?	No Yes - Please attach report(s)	
Walls	Other - Specify	Roof	Other - Specify
Floors	Other - Specify		

PROPERTY FACILITIES

Please list all Structures/Improvement on CP (e.g. roads, lighting, pool, community hall, clubhouse)

Are Onsite Services Provided? No Yes – Please specify

COMMERCIAL TENANCIES*

No. of Commercial Lots Type (e.g. retail, commercial, offices, industrial)

*Please provide a copy of the strata plans and list of commercial tenants with corresponding lot numbers

POLICY VALUES

Community Property Sum Insured (CPSI) \$	Catastrophe (15% or 30% of CPSI) \$		
Common Area Contents \$	Workers Compensation	Yes	No
Public Liability \$	If Yes to Workers Compensation, provide Annual Wages Estimate	\$	
Office Bearers Liability \$	Optional Flood Cover	Yes	No
Machinery Breakdown* \$			

*Please provide a list of Machinery items

AUTOMATIC POLICY INCLUSIONS: Voluntary Workers, Fidelity Guarantee, Government Audit Costs & Legal Expenses

****Please attach a copy of the Management Statement and Plans****

www.chu.com.au