

# Cover for Existing Structure

## CLIENT DETAILS

Full Names of the Insured (inc. company &/or trading names)

Registered Business Address  State  Postcode

Contact Name  Email Address

Business Phone Number  Mobile Phone Number  Fax Number

Policy Number  Type of Policy (please tick)  Annual  Single Project Due Date

## SPECIFIC CONTRACT DETAILS

Date cover required From  To  Contract Value \$  Value of Structure \$  Age of Structure  Years

Address of Construction  State  Postcode

Principal/Owner  Mortgagee

Full Description of type of works carried out

Is the structure heritage Listed (please tick)  No  Yes Existing Building Size in M<sup>2</sup>  Type of Construction

1. Does the owner have the Building Insured? Yes  No  If "Yes", with whom:  and what sum insured: \$

a. Has Insurer denied continuance of cover? Yes  No

2. Are their Contents remaining in the Building during the project? Yes  No

3. Condition of Structure - a. Has a dilapidation report been prepared? Yes  No  or  
 b. Has a Physical inspection and identification of known faults been undertaken, photographed and agreed with the owner? Yes  No  If "YES" please provide copies.

4. Is the roof being removed? Yes  No  If "YES" how many days will the roof be removed?

a. If "YES" are there water damage protection measures in place? Yes  No

Single Tarping  Double Tarping  Other measures, please list:

5. Will premises be occupied during construction period? Yes  No

6. Is any structural work to be undertaken (Work on load bearing walls, columns or beams)? Yes  No

7. Is any Underpinning or support work being undertaken? Yes  No  If "YES" please provide details

## OFFICE DETAILS

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