

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 M²

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

VIC

GPO Box 4897 V V, Melbourne VIC 3001
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NSW

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