

LIABILITY RENEWAL QUESTIONNAIRE – PROPERTY MAINTENANCE

Please complete this questionnaire to assist in reviewing and preparing renewal terms.

Insured/s Name NOTE: Please include all insured names			
Period of Insurance	From:	/ / at 4 p.m. Local Time	To: / / at 4 p.m. Local Time
Limit of Indemnity	\$		
Gross Annual Turnover NOTE: Sterling may request a Declaration of Gross Turnover from your reg'd accountant or tax agent to confirm your figures.	Activity – if “Other”, please specify	Actual for past 12 months	Estimated for coming 12 months
	Fire Protection – sprinkler work	\$	\$
	Fire Protection – all other	\$	\$
	Air Conditioning – water treatment	\$	\$
	Air Conditioning – all other	\$	\$
	Lifts/Escalator – 6 storey & over	\$	\$
	Lifts/Escalator – all other	\$	\$
	Cleaning – internal only & non-retail area/s	\$	\$
	Cleaning – external window 6 storey & over	\$	\$
	Cleaning – ext. window 5 storey & below	\$	\$
Other:	\$	\$	
Total	\$	\$	

Please provide an approximate breakdown of your estimated gross annual turnover by State/Territory & Overseas

NSW	ACT	QLD	VIC	TAS	SA	WA	NT	Overseas
%	%	%	%	%	%	%	%	%

Please answer the following questions.

1. What is the approximate % of your gross annual turnover derived from advice only for a fee? (i.e. no manual work like certification work, designs, consulting, etc)		%
2. Have there been any changes to your business or business activities over the past 12 months and/or do you expect any changes in the future 12 months?	YES	NO
3. Are there any changes required to this expiring insurance coverage?	YES	NO
4. Further to the loss and/or claims experience you declared last year, are there any additional claims and/or changes to the information declared last year?	YES	NO
5. Further to the contractual arrangements you declared last year, are there any changes (including additional contracts you have entered into) since last year? <i>Note: Cover for such contracts are excluded unless specifically noted otherwise in writing.</i>	YES	NO

If you have answered “YES” to any of the above, please state the question and provide the details below.

I/We declare that:

- I/we understand that I/we are still bound by the Duty of Disclosure;
- the answers and information given by me/us in this questionnaire are true and correct in all respects;
- no information has been withheld that would affect the underwriter’s review and underwriting of this questionnaire;
- where answers in this questionnaire are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- at the request of Sterling Insurance Pty Ltd, I/we understand that I/we may be required to provide a Declaration of Annual Turnover from our registered Company Accountant or independent Tax Accountant or Tax Agent.

Name:

Position:

Signed:

Date: / /

