

## **Disclosure Statement** Body Corporate and Community Management Act 1997 Section 206 **BODY CORPORATE** Community Titles Scheme: 23205 Body Corporate for: Jacaranda Cottage on: ☐ BUP ✓ GTP ☐ SP Lot No: 1 ADDRESS: 1/52 Lilly Pilly Crescent POSTCODE: 4018 SUBURB: Fitzgibbon STATE: QLD PRESCRIBED INFORMATION SECRETARY OF BODY CORPORATE NAME: NIL ADDRESS: STATE: POSTCODE: SUBURB: PHONE: **BODY CORPORATE MANAGER** NAME: NIL ADDRESS: SUBURB: STATE: QLD POSTCODE: PHONE: **BODY CORPORATE COMMITTEE** ← Do not complete if there is no Committee for the Body Corporate **√** No Is there a Committee for the Body Corporate? Yes If there is a committee, is the Body Corporate Manager engaged to perform the **√** No Yes functions of the Committee? **ANNUAL CONTRIBUTIONS AND LEVIES** Amount of annual contributions currently fixed by the Body Corporate as payable by the owner of the lot: Administrative Fund: \$ NIL each year by instalments in: $\square$ advance $\square$ arrears on the day of each Sinking Fund: \$ NIL each year by instalments in: $\square$ advance $\square$ arrears day of each on the Other: See Attached Insurance

INITIALS (Note: initials not required if signed with Electronic Signature)

IMPRO	OVEMENTS ON COMMON PR	OPERIY FOR WHIC	HRUYE	R WILL BE RESPONSIBLE	(insert	aetaiis)
BODY	CORPORATE ASSETS REQ	UIRED TO BE RECO	RDED O	N REGISTER	(insert	details)
INIEO	RMATION PRESCRIBED UND	ED DECLII ATION M			(insert	details)
	RMATION PRESCRIBED OND	ER REGULATION W	ODULE		(moont	actanoj
SIGN	ATURES					
	20 7	23-05-2024				
Seller:	P. Con.	Date:	Witness:		Date:	
				Not required if this form is signed electronically		
Seller:		Date:	Witness:			
				Not required if this form is signed electronically		
Seller:		Date:	Witness:			
				Not required if this form is signed electronically		
Seller:		Date:	Witness:			
				Not required if this form is signed electronically		
Seller:		Date:	Witness:			
ocher.			withess.	Not required if this form is signed electronically		
				,		
Seller:		Date:	Witness:			
				Not required if this form is signed electronically		
	R'S ACKNOWLEDGMENT					
The B						
(a)	Consents to this Disclosure Sta Disclosure Statement using an	atement being given b	y electroi	nic means and to the Seller sig	ning th	ne
(b)	Acknowledges having received	and read this statem	ent befor	e entering into the contract.		
D		Dato	Witness			
Buyer:		Date:	Witness:	Not required if this form is signed electronically		
				Not required if this form is signed electronically		
Buyer:		Date:	Witness:			
				Not required if this form is signed electronically		
Buyer:		Date:	Witness:			
				Not required if this form is signed electronically		
Buyer:		Date:	Witness:			
				Not required if this form is signed electronically		
Buyer:		Date:	Witness:			
				Not required if this form is signed electronically		
Buyer:		Date:	Witness:			
∍uy€i.			***********	Not required if this form is signed electronically		
				,		

INITIALS (Note: initials not required if signed with Electronic Signature)

000032513161



Joe Vella Insurance Brokers Pty Ltd AFSL: 240035 ABN: 91 074 970 540 PO Box 1011 Bungalow QLD 4870 Tel: 07 4040 4444

jvib@jvib.com.au http://www.jvib.com.au

Date: 23/11/2023

#### RENEWAL TAX INVOICE

Body Corp For Jacaranda Cottage GTP102631 CTS 23205 C/- Lvndon Westbrook PO Box 3832 CALOUNDRA DC QLD 4551

**Account Manager: Paula Carey** 

Phone: 07 4040 4435 Mobile: 0409 936 785 paula.carey@jvib.com.au

Invoice Number: 3443805

Thank you for using our services to arrange this insurance cover. Brief details of cover arranged on your behalf are given below. Please refer to the policy document issued by the insurer for complete policy terms and conditions. Please read the attached important notices. Do not hesitate to contact us with any questions you may have.

Type of Policy Strata Title Residential

Insurer: Longitude Insurance Pty Ltd

Policy Number: LNG-STR-19110

From 17/12/2023 to 17/12/2024 at 4.00pm local standard time Period of Insurance:

This cover expires at 4.00pm on the date of expiry, unless otherwise specified in the attached schedule

Transaction Details: Renewal - 52 Lilly Pilly Crescent, Fitzgibbon Qld 4018

Premium	ESL	Underwriter	Stamp Duty	Broker Fee	GST		Total Due
		Fee			Premium	Broker Fee	
\$1,318.12	\$0.00	\$225.00	\$130.50	\$25.00	\$154.33	\$2.50	\$1,855.45

Commission earned on this invoice \$263.62

**Payment Options Terms Net 14 days** 



## Joe Vella Insurance Brokers Pty Ltd

**DEFT Reference Number** 406371234438059

Pay by credit card or registered bank account at www.deft.com.au or phone 1300 78 11 45. Payments by credit card may attract a surcharge.











Body Corp For Jacaranda Cottage Name:

GTP102631 CTS 23205

Client ID: 153518

**Invoice No:** 3443805

Payment Date: 17/12/2023





Payments can be made at any Post Office cheque or EFTPOS.

Biller Code: 20362

406371234438059 Reference:

Enter the Biller Code and BPAY reference number as detailed above

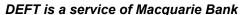
**Premium Funding Option** 

Premium Finance is available. To arrange a quotation please call 07 4040 4444 Finance and administration charges apply.

Total Due:

\$1,855.45 (GST included if applicable)









Telephone

Pay by phone from your credit card.
Call **1300 78 11 45** to make a payment.

Joe Vella Insurance Brokers Pty Ltd accepts Mastercard, Visa, American

The phone payment line is a 24 hour service. Calls are charged at the cost of a local call (mobiles extra).

Payments by credit card attract a surcharge.

Express & Diners Club Cards.



Contact your participating bank, credit union or building society to make payment directly from your cheque or savings account.

You will be required to enter the Biller Code and BPAY reference number as detailed on the front of your invoice.



In Person



Mail

Please present page intact at any Australia Post Office.

Payments may be made by cheque or EFTPOS.

Please make any cheques payable to Joe Vella Insurance Brokers Pty Ltd.

Detach payment slip and mail with payment to:

DEFT Payment Systems GPO Box 5063 SYDNEY NSW 2001 Please make cheques payable to Joe Vella Insurance Brokers Pty

Please note that receipts will not be issued for mailed payments.

## **Residential Strata Title**

The Insured: Body Corporate for Jacaranda Cottage GTP 102631 CTS 23205

Period of Insurance: From 17/12/2023 to 17/12/2024 at 4.00pm local standard time

Situation/s of Risk: 52 Lilly Pilly Crescent, Fitzgibbon Qld 4018

Complex Details: Comprising of: 2 Units – 1 Level

Pool: No Year Built: 2003

Nature of Construction:
Building: Brick
Roof: Tile
Floor: Concrete

**Additional Information:** Solar Panels installed

Percentage of Building occupied by commercial occupants:

0.00%

Interest Insured: Section 1 Property: Physical Loss, Destruction or Damage

Accidental Death & Disablement

Section 1 Property: Physical Loss, Destruction or Damage					
Build 2.1 i)	ding Fixed artwork or sculptures	\$ \$	609,350 50,000		
2.2 g) h)	nmon Contents Pots, plants, shrubs, trees, rockwork and lawns Money Artwork of sculptures (other than fixed)	\$ \$ \$	6,090 6,090 6,090 6,090		
Storm Surge (caused immediately following a named tropical \$ 609,350 cyclone) any one event and in the aggregate period of insurance					
Optional C Loss of Ma Flood	Insured Not Insured				
	urred by the Lot Owner ctions 5.16(a) – (h) combined	\$	500,000		
Lot Owners fixtures and fittings (per lot) Temporary Accommodation & Loss of Rent			300,000 91,401		
Lot Owner Paint & Wa Floating flo	Not Insured Insured				
Catastrophe Cover (sub-section 5.1) Buildings Common Contents Costs Incurred by the Lot Owner Additional Benefits			Not Insured Not Insured Not Insured Not Insured		
Section 2 – Voluntary Workers Personal Accident					

\$

200,000

\M/A	ヘレい	Pan	efits

Total Disablement per week

	Total Disablement per week		week	
	Partial Disablement per week As outlir		Up to \$1,000 per week led in the table of benefits	
	As per Policy Table of Benefits			
	Section 3 – Office Bearers Liability Limit of Liability in the aggregate period of insurance	\$	Not Insured	
	Optional Additional Benefits (in addition to the limit of Defence Costs in the aggregate period of insurance Statutory Fines and Penalties in the aggregate period of insurance	\$	Not Insured Not Insured	
	Section 4 – Fidelity Guarantee Any one Loss and in the aggregate period of insurance	\$	100,000	
	Section 5 – Equipment Breakdown Limit of Liability in the aggregate period of insurance	\$	Not Insured	
	Section 6 – Public Liability Personal Injury or Property Damage Limit of Liability any occurrence	one \$	10,000,000	
	Section 7 – Government Audit Costs, Workplace Hea & Safety Breaches and Legal Expenses	ılth		
	a) Taxation and Audit Costs Limit of Liability in the aggregate period of insurance	e \$	30,000	
	b) Workplace Health and Safety Breaches Limit of Liability in the aggregate period of insurance	e \$	150,000	
	c) Legal Defence Expenses Limit of Liability in the aggregate period of insurance	e \$	50,000	
Deductible/Excess:	Section 1 - Property: Physical Loss, Destruction or Damage Loss, destruction or damage caused by or arising from earthquake, subterranean fire or volcanic eruption each a	\$ and	2,000	
	every claim All other losses each and every claim	\$	2,000	
	Section 2 - Voluntary Workers Personal Accident Excluded Period of Claim, each and every claim All Per Table of Benefits	\$	7 days	
	Section 3 - Office Bearers Liability Each and every claim	\$	Not Applicable	
	Section 4 - Fidelity Guarantee Each and every claim	\$	2,000	
	Section 5 - Equipment Breakdown Each and every claim Water Chiller and Power Generators each and every clair	\$ im \$	Not Applicable Not Applicable	
	Section 6 - Public Liability Each and every claim	\$	2,000	

Up to \$2,000 per

week

# Section 7 - Government Audit Costs, Workplace Health & Safety Breaches and Legal Expenses

a)	Taxation and Audit Costs		
	Each and every claim	\$	500
b)	Workplace Health and Safety Breaches		
	Each and every claim	\$	500
c)	Legal Defence Expenses		
•	Each and every claim	\$	1,000
	Contribution each and every claim		10% of Legal
		Exp	penses Incurred

#### **Special Note:**

The information detailed on this invoice relates solely to the insurance requirements of the Body Corporate and no other insurance products.

Individual unit owners should make separate enquiries to protect their Assets and Liabilities. Please contact your broker should you require any further insurance products.

This Policy does <u>not</u> include protection for Mobile or Fixed Air-conditioning units servicing an individual unit when the building is located in Queensland.

Owner occupiers should include the Air-conditioning units as part of their content's insurance.

Landlords should ensure they have Contents Insurance which includes the Airconditioning units.

Refer to the policy wording for full terms and conditions

**Endorsements:** Endorsements as per policy

**Extensions:** Conditions/Extensions as per policy

**Exclusions:** Exclusions as per policy

Policy Wording: Residential Strata Package LONGRSI 11.10-2021

Insurer Panel: Underwriting Agency: Longitude Insurance Pty Ltd as an authorised 100%

representative of Austagencies Pty Ltd

Underwritten By: Chubb Insurance Australia Limited 100%

ABN: 23 001 642 020 Level 38 225 George Street Sydney NSW 2000

### **IMPORTANT NOTICES**

We have prepared this document to assist you to understand important issues relating to your insurances. Please contact our office if you have any questions or require further advice/assistance.

#### YOUR POLICY DOCUMENTATION

The policy wordings and other documentation should be read carefully to ensure that the cover provided is right for you. If you do not comply with the policy terms and conditions the insurer may be able to cancel the policy and/or refuse to pay or reduce a claim. You should carefully monitor and review your insurance contract to ensure it continues to be adequate during the period of insurance. If any information is incorrect or unclear, make sure that you tell us.

#### YOUR DUTY OF DISCLOSURE

Every insured under this policy must comply with the duty of disclosure obligations. The duty requires you to tell the insurer certain matters which will help it decide whether to insure you and if so, on what terms.

This duty commences when you first apply for your policy as well as on renewal, variation, extension or reinstatement. The type of duty that applies can vary according to the type of policy.

To assist us in protecting your interests, it is important that you tell us every matter that you know or could reasonably be expected to know, is relevant to the insurer's decision whether to insure you. We will then assist you in determining what needs to be disclosed to the insured in order to meet your duty.

When you answer any question asked by the insurer, you must give honest and complete answers. Examples of matters that should be disclosed are:

- Any claims that you have made in recent years for the particular type of insurance
- Cancellation, avoidance of, or a refusal to renew your policy by an insurer
- Any unusual feature of the insured risk that may increase the likelihood of a claim

If any insured under the policy does not comply with this duty, the insurer may cancel the policy and/or reduce the amount it pays in the event of a claim. If the failure to comply with the duty is fraudulent, the insurer may treat the policy as if it never existed and pay nothing.

#### **PRIVACY**

We are committed to protecting your privacy. We use the information you provide to us to assist and advise on your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (eg. Lloyds of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

#### **MISREPRESENTATION**

If any insured under the policy makes a misrepresentation the insurer may cancel the policy and/or reduce the amount it pays in the event of a claim. If the misrepresentation is fraudulent, the insurer may treat the policy as if it never existed and pay nothing.

#### **CONTRACTUAL LIABILITIES**

Contractual liabilities are largely excluded from cover unless advised to the insurers. Leasing and hiring agreements, agency and product distribution agreements and construction contracts will often contain liabilities not easily recognised and should always be referred to us to ensure that the relevant cover is in place.

#### **COOLING OFF RIGHTS**

You may have a statutory cooling-off right to return your policy. The Product Disclosure Statement or policy document issued by the insurer tells you what the cooling-off right is. You must notify us electronically or in writing within the period noted in your Product Disclosure Statement or policy document.

Irrespective of any cooling-off period you may still have cancellation rights under your policy. If you want to return or cancel your policy, contact us so we may assist.

#### **UNDERINSURANCE, AVERAGE OR CO-INSURANCE**

The insurer requires you to insure for the full value or maximum potential risk. If you do not do so, and you are underinsured, they may pay you less in the event of a claim. These are often called "average" or "co-insurance" clauses.

If you do not want to bear a proportion of any loss, you must ensure that your sum insured is adequate to cover the full potential of any loss. If your policy provides "new for old" cover, please ensure that the sum insured is the cost of replacing the lost or damaged property with new property.

#### **WAIVER OF RIGHTS**

Some policies have a clause which limits or excludes claims where the insured has limited its rights to recover a loss from another party, in circumstances where that other party is responsible for the loss. This can occur where the insured has entered into a contract limiting liability.

If you have entered into, or propose to enter into a contract which may limit rights against another contracting party, please let us know so that we can advise you about how the agreement affects or may affect your cover.

#### ADDITIONAL INSUREDS AND NOTING INTERESTS

If a person is to be named on your policy or insured as a co-insured or joint insured, notify us immediately so we can request this in advance from the insurer. Your property and liability policies will not provide automatic cover for the insurable interest of other parties (e.g., mortgagees, lessors).

Check with us whether the insurer will include someone else as an insured or note their interests before you agree to this in a contract or lease. We cannot guarantee that an insurer will agree to include someone as an insured under your policy or to note their interests on your policy.

#### **CLAIMS OCCURRING POLICIES**

Most of your policies do not provide indemnity in respect of events that occurred before the insurance commenced. They cover events that occur during the policy period.

#### **CLAIMS MADE POLICIES**

Some policies (e.g. professional indemnity insurance) provide cover on a "claims made" basis. This means that claims first advised to you (or made against you) and reported to your insurer during the policy period are insured under that policy, irrespective of when the incident causing the claim occurred. If you become aware of circumstances which could give rise to a claim, notify the insurer during the policy period.

Report all incidents that may give rise to a claim against you to the insurers immediately after they come to your attention and before the policy expires.

#### **INSURER SOLVENCY**

We do not warrant or guarantee the current or ongoing solvency or financial viability of the insurer because we have no control over the insurer's performance and this can be affected by many complex commercial and economic factors.

#### **UTMOST GOOD FAITH**

Every policy is based on the principle of utmost good faith. Both the insured and the insurer must act towards the other party, in respect of any matter arising under the contract, with utmost good faith. If you fail to do so it may prejudice your rights under the policy and in particular, any claim.

#### **UNAUTHORISED FOREIGN INSURERS**

If one or more of the insurance companies concerned with a particular policy is an Unauthorised Foreign Insurer (UFI) we will notify you.

A UFI is an insurer that is not located in Australia or authorised under the Insurance Act 1973 to conduct insurance business in Australia. Such insurers are not subject to the provisions of the Act, which establishes a system of financial supervision of general insurers in Australia that is monitored by the Australian Prudential Regulation Authority (APRA).

#### **CANCELLATIONS**

If there is a refund of premium as a result of a cancellation or adjustment to a policy, we reserve the right to retain the remuneration earned prior to the alteration. If we don't do this we will not be properly paid for the services provided to you.

## CERTIFICATE OF COMPLETION



Date Generated: 23/05/2024

#### **Document Details**

Subject: SignAnything - Body Corporate Disclosure - 1.52 Lilly Pilly Crescent Fitzgibbon QLD 4018 Document Pages: 8 **Exchanged by:** Not Applicable Exchange Date: Not Applicable Certificate Pages: 1

Status: Signed No. of Signatures: 1

## Signature Logs

Signer: PATRICIA KATHRYN AQUILINA Email Address: trishaquilinais@yahoo.com

Page

Status: Signed

**IP Address:** 180.216.199.218

Supervised By:

Email Sent Date: 23/5/2024 Signed Date: 23/5/2024

Signature:

Signer:

**Email Address:** 

Status: IP Address: Supervised By: Email Sent Date: Signed Date:

Signer:

Signature:

**Email Address:** 

Status:

IP Address:

Supervised By: Email Sent Date:

Signed Date:

Signature: