



Commercial Tenant Default Insurance Proposal

INSURED DETAILS

Insured Name: _____

Business Address: _____

State: _____ Postcode: _____

A.B.N. / A.C.N. _____

Website: _____

PROPERTY DETAILS

Property Type: _____

Property Address: _____

State: _____ Postcode: _____

Is the Property in a Fund: Yes No

If Yes, Name of the Fund: _____

Total Lettable Floor Space: _____ [sq. m]

Annual Gross Rent: _____ [\$] GST exclusive

Property Valuation: _____ [\$] GST exclusive

TENANT DETAILS (SINGLE TENANT)

Tenant Name: _____

A.B.N. / A.C.N. _____

Tenant Business Activity(s): _____

Annual Rent: _____

Website: _____

Lease Start Date: _____ / _____ / _____

Lease End Date: _____ / _____ / _____

Securities Held: Bank Guarantee Parental Guarantee
 Directors Guarantee Cross Guarantee

Length &/or Amount of Guarantee: _____

Name of Guarantor: _____

TENANT DETAILS (MULTI-TENANT)

Current Weighted Average Lease Expiry (WALE): _____ [years]

Current Occupancy: _____ [%]

Current Property Valuation: _____ [\$\$\$] GST exclusive

Please provide tenancy schedule or complete the table below:

	Tenant	Legal Entity	A.B.N. / A.C.N.	Annual Rent (excl. GST)	Floor Space (m ²)	Lease Start Date	Lease End Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect your Insurer's decision to insure you and on what terms. You have this duty until your Insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- reduces the risk your Insurer insures you for; or
- is common knowledge; or
- your Insurer knows or should know as an Insurer; or
- your Insurer waives your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, your Insurer may cancel your contract or reduce the amount they will pay you if you make a claim, or both. If your failure to tell us is fraudulent, your Insurer may refuse to pay a claim and treat the contract as if it never existed.

SIGNATURE AND DECLARATION

We declare that we have read and understood the notifications above and that the information given on this form (including any additional lists, forms schedules or attachments) is to best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to the Insurer which might affect your decision whether to accept the risk. We further declare that none of the customers is a subsidiary or associated company of ours and that we have no interest direct or indirect, in any of the customers. We have also read and understood GSA's **privacy statement**.

Name of signatory: _____ Position in Company: _____

Signature: _____ Date: ____/____/____