**Alternative insurance application form**

*Body Corporate and Community Management Act 1997*, section 281AThis form is effective from 1 May 2024

Use this form to apply for approval of alternative insurance if the body corporate is unable to obtain insurance to the full extent required by the legislation. See the [*guide to completing the alternative insurance application form*](https://www.publications.qld.gov.au/dataset/bccm-alternative-insurance-application).

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| **Office Use Only**  Date lodged……………… Time lodged…..……….. File subject matter…………………MIS ref number…………………….. | | | | |
| **Section 1 - Applicant** | | | | |
| Body corporate / scheme information  Refer to guide | Name of scheme | | | |
| CTS / CMS number | Number of lots | | |
| Physical address of scheme | | | |
| Locality / Suburb | | State | Postcode |
| Regulation Module  *(Standard, Accommodation, Commercial, Small Schemes, Specified Two-lot Schemes)*  Plan type:  Building format plan  Standard format plan | | | |
| **Section 2** | | | | |
| Secretary’s information  Refer to guide | Name | | | |
| Address | | | |
| Locality / Suburb | | State | Postcode |
| Daytime phone | Home phone | | |
| Mobile | Fax | | |
| Email | | | |
| **Section 3** | | | | |
| Body corporate manager’s information  Refer to guide | Name | | | |
| Company name | | | |
| Address | | | |
| Locality / Suburb | | State | Postcode |
| Daytime phone | Mobile | | |
| Email | | | |
| **Section 4** | | | | |
| Proposed alternative insurance for approval.  Refer to guide | Insurer: | | | |
| Policy number: | | | |
| Policy period: | | | |
| Sum insured: | | | |
| Special conditions or exclusions: | | | |

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| **Section 5 – Grounds for approval** | | |
| 1. **What are the reasons insurers have given for declining to offer the required insurance?**   Refer to guide |  |
| 1. **How is the alternative proposed insurance different from the required insurance?**   Refer to guide |  |
| 1. **What attempts were made to obtain the required insurance?**   Refer to guide |  |
| 1. **Provide details of all other insurance proposals available or considered by the body corporate?**   Refer to guide |  |
| 1. **If the required insurance is offered, why is it reasonable not to accept it?**   Refer to guide |  |
| 1. **What was the outcome if this alternative insurance proposal been considered by owners at a general meeting or otherwise?**   Refer to guide |  |

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| **(g) If the body corporate has declined this alternative insurance proposal, why should the adjudicator approve it?**  Refer to guide |  |
| **(h) Other relevant matters**  Refer to guide |  |
| **Section 6** | | |
| **Required attachments to be submitted with application**  Refer to guide | *Tick if provided*:  Committee resolution authorising lodgment of the application.  Proposed alternative insurance policy.  Evidence of the replacement value of the building/s to be covered by the alternative insurance policy.  Evidence of attempts to obtain required level of insurance.  If the proposed alternative insurance has been considered by owners in a general meeting or otherwise, the meeting minutes or owner responses to the proposal.  Other documents referred to in the application |

Sections 297and 298 of the Act provide that it is an offence for a person to supply false or misleading information or documents in relation to an application.

I am authorised by the body corporate to lodge the application.

My name:

**AND**

The information contained in this application is not false or misleading to the best of my knowledge.

**APPLICATION FEE: See our** [**website**](https://www.qld.gov.au/law/housing-and-neighbours/body-corporate/disputes/fees#:~:text=%2488.90%20for%20a%20conciliation%20application,application%20(interim%20and%20final%20order)) **for** [**current application fees**](https://www.qld.gov.au/law/housing-and-neighbours/body-corporate/disputes/fees)**.**

The information requested in this form is collected under the authority of the Act. Information in the application and any attachments may be disclosed to other parties (please refer to the Privacy Statement located in the [*guide to completing the alternative insurance application form*](https://www.publications.qld.gov.au/dataset/bccm-alternative-insurance-application) for further information). It is collected for the purpose of resolving disputes under the Act and for providing information to the community.