

Resident Unit Manager Licensing and Insurance Details

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(Owners Corporation/ Body Corporate Name)

NAME OF POLICY

HOLDER:.....

PUBLIC LIABILITY	
Insurer:	
Policy Number	
Amount of cover:	
Expiry date:	
WORKERS COMPENSATION	
Insurer	
Policy Number	
Amount of Cover:	
Expiry Date:	
PROFESSIONAL INDEMNITY	
Insurer:	
Policy Number:	
Amount of Cover:	
Expiry Date:	

Name: (Please Print):

Signed:.....

Date:.....