



GENERAL SURVEY REPORT

New Policy Inception Date & Quote/Covernote No. _____ Renewal Policy No. _____

Insured: _____

Contact: _____ Phone No: _____

Situation: _____

State: _____ Postcode: _____

Gross Annual Turnover/Rental Income: \$ _____

Age of Building: <10 years 10-30 years 30-50 years 50+ years

Heriatge Listed: Yes No

Number of Storeys: Single Double Other Number: _____

Condition of Building: Excellent Good Average Poor

Basis of Settlement: Indemnity Value Only R & R Conditions (subject to written confirmation)

Nearest Neighbours: Adjoining < 5m 5-10 m 10-20m 20m+

Single Tenancy Multiple Tenancy

Occupation of Neighbour: _____

OCCUPATION

Is the building: Owner Occupied OR Tenanted

Is the building occupied solely by the one tenant/occupant? Yes No

If not solely occupied, how many occupants are there? _____

Please list each of the occupations below (attach a separate page if there is inadequate space):

- 1 _____ 6 _____
2 _____ 7 _____
3 _____ 8 _____
4 _____ 9 _____
5 _____ 10 _____

If insurance is sought for one tenant only, identify which is to be insured: _____

Is each occupant separated from all others by floor to ceiling partitions? Yes No N/A

Are the partition walls brick/concrete and fire rated? Yes No N/A

For clarity, within the building do any of the following occur?

(a) Woodworking, fibreglassing, plastics or rubber manufacturing? Yes No

(b) Bulk Timber Storage or saw milling? Yes No

(c) Spray painting? Yes No

Is spraypainting conducted only in WorkCover approved ventilated spray booth? Yes No N/A

Is smoking allowed? Yes No If Yes, where allowed? _____

Describe space heating Electric Natural gas Boiler Other _____

Are there dangerous goods? Yes No

Flammable liquids Yes No

Compressed Gases Yes No

Other hazardous chemicals Yes No If Yes, give details _____

CONSTRUCTION

Are all the external walls brick/concrete from the ground to the roofline? Yes No

If No, what are they? Iron Wood
Mixed Brick _____% Wood _____% Other _____%

Are all the internal walls brick/concrete from the ground to the roofline? Yes No

If No, what are they? Iron Wood
Mixed Brick _____% Wood _____% Other _____%

The roof is? Concrete Tiles Iron, Steel, Metal
A C Sheet

If Other, please describe: _____

The Ground Floor is? Concrete Brick, Stone, Slate Wood Earth

If Other, please describe: _____

The Upper Floors are? Concrete Brick, Stone, Slate Wood

If Other, please describe: _____

The Staircase is? Concrete Brick, Stone Wood

If Other, please describe: _____

Are there any outbuildings at the premises? Yes No

If so, please detail below:

Shed Garage Flammables Store Other (Description) _____

Brick Brick Brick Brick

Iron Iron Iron Iron

Wood Wood Wood Wood

Age _____ Age _____ Age _____ Age _____

FIRE PROTECTION

Protection:

- No Protection
- Fully Sprinklered (100%)
- Partially Sprinklered (min 50%)
- Hydrants & Hose Reels

Extinguishers:

- Dry Chemical _____
- BCF _____
- CO2 _____
- Water _____
- Foam _____
- Last Day of Service: _____

Number:

- Fire Alarms - Local
- Back to Base
- To Brigade
- Thermal
- Smoke

Other Protection: _____

Is all fire equipment subject to a maintenance contract in accordance with Australian Standards? Yes No

Do higher than normal exposures exist in respect of:

- Bush Fire Storm & Tempest Flood Water Damage Cyclone Impact
- Earthquake Sea & Tidal Surge Lightning Explosion Malicious Damage

Other: _____

Housekeeping: Tidy Untidy Congested

Waste Disposal: Daily Weekly Accumulated

KITCHEN

Are there kitchen facilities on the premises? Yes No

If so, how many kitchens are there? _____

Grills/Exhaust Clean Fire Blanket Extinguisher

General Cleanliness: Good Fair Poor

Is there any deep frying? Yes No

Are deep fryers thermostatically controlled? Yes No

Is there an automatic cut off? Yes No

Who cleans the Ducts and Flues? Self Contractor

How often are they cleaned? Weekly F/Nightly Monthly

Date of last ducting service? _____

ELECTRICAL

Fuses Circuit Breakers Board Clear Extension Cords

New Modern Old

Date of last Electrical Inspection? _____

SECURITY

External Doors:

Dead Bolts
 Dead Locks
 Other Key Locks
 Padlocks

External Windows:

Bars/Grills
 Key Locks

Burglar Alarms:

Local
 Back to Base
 Dedicated
 Smoke

Which of these activates the Alarm:

Reed Switches Pressure Pads
 Motion Detectors Heat Sensors
 Tremblers Panic Buttons
 Infra red beams

Are there roller doors at the premises? Yes No

Are roller door chains padlocked? Yes No

Other Security: _____

SAFE

If money in safe cover is required, please describe the safe:

Fixed Floor Wall Free Standing Not Applicable

Make & Type: _____

Torch / Drill Resistant? Yes No

Time Delay Lock Fitted? Yes No

GLASS

Please complete only if cover for Glass (internal and external) is required:

Number of Windows: 1-5 6-10 11-15 16-20 21 +

How many Windows exceed 2m x 2m in dimension? _____

Is there any Stained Glass? Yes No

Description: _____

INSURED'S EXPERIENCE

For how long has the insured owned/occupied (a) these premises? _____ Years.

(b) previous premises? _____ Years.

CLAIMS EXPERIENCE – LAST FIVE YEARS

Date of Loss	Loss Description	Incurred Amount
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____

Please attach a separate page if insufficient space provided.

GENERAL COMMENTS

Quality of Risk: _____

Recommendations: _____

Surveyed by: _____

Relationship to Insured: _____

Date: _____

Please note this form is not a proposal, but an underwriting questionnaire to be completed by the insurance broker, insured or an agent of the insured. A properly completed proposal is still required where the survey relates to a new policy or where specified. The information provided in this form is relied upon as an accurate description of the risk, and is subject to the Duty of Disclosure.

DUTY OF DISCLOSURE

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.

If you do not tell us everything necessary, we may reduce or refuse to pay a claim, or cancel your policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell us anything which reduces the risk, is common knowledge, we already know (or ought to know in the ordinary course of our business), or we indicate we do not want to know.

If you are not sure that something is relevant, it is best to disclose it anyway.