



Property Survey Form

No liability is assumed by completion of this survey. This report is used for the purpose of premium indication only.

This Survey is for New Business Renewal - Policy Number (if known) is:.....

1. Broker

Name:.....

Contact:

2. Date Completed:

3. Insured / Proposer(s)

Name(s):.....

Location:.....

Period Insured has occupied the premises:.....

4. Occupancy:

If Multiple Occupancy, provide a list of tenants or occupants with brief mention of the type of occupancy and housekeeping:

.....

5. Construction

	Building No. 1	Building No. 2	Building No. 3
Walls			
Frame			
Roof			
Floors – Ground			
Floors – Upper			
No. of Storeys			
Approximate Age			

6. Neighbouring Risks

(i) Are they: Industrial Commercial Residential

(ii) Provide details of the neighbouring risks (eg. attached, detached, occupancy, etc)

North Neighbour:

South Neighbour:.....

East Neighbour:.....

West Neighbour:.....

7. Operations / Processes, etc.

Please provide a general description including any hazardous processes:.....

.....

8. Painting

Is any painting done? Yes or No
 If Yes: Spray Booth? Yes or No
 Exhausted to atmosphere? Yes or No
 Standards Association Design? Yes or No
 Flame Proof Electrics? Yes or No

Provide details of quantities of Flammable Paints / Thinners etc and how stored:

9. Machinery and Equipment

Please provide a description, use, dust extraction fitted, etc.

10. Services

Electricity: Source: Mains Generator
 Switchboards: Open Closed
 Date wiring installed:
 Date last serviced:

Water Source: Town Main Storage Tanks Capacity Other
 If Other, please provide details (eg. dam):

Town Gas: Yes or No
 If used for processing, please provide details:

11. Flammables

Are flammables (including paints and varnishes) used and / or stored? Yes or No
 Gases? Yes or No

If Yes, please provide the following information:

Type	Class	Use	Quantity	How Stored?

12. Flammable Liquids Store

Please provide details of construction, etc.
 Walls.....
 Floor
 Roof.....
 Fire Doors.....
 Electrical System.....
 Ventilation.....

13. Other Hazardous Materials / Chemicals

Please provide details:

14. Heating

Is there heating systems in use? Yes or No

If Yes,

Process: Steam Hot Water Gas Electricity Oil

General Duties and Uses:

Domestic: Steam Hot Water Gas Electricity Oil

Give details of comfort heaters (eg. radiator units, salamanders):

.....

15. Boilers

Are boilers in use? Yes or No

If Yes,

Is current Certificate displayed? Yes or No

Serviced by whom and for what period:

.....

Boiler fired by: Fuel Oil Gas Coal / Coke

16. Welding

Is welding performed? Yes or No

If Yes, please provide details (eg. fire resisting curtains erected over welding bays):

.....

17. Cooking Equipment

Is cooking equipment in use? Yes or No

If Yes, are fat fryers

(a) Thermostatically controlled to 425 F? Yes or No

(b) Canopy Hood, Ventilator, etc installed as per regulations? Yes or No

(c) Are exhaust system, ducts, hoods regularly cleaned and inspected? Yes or No

(d) Is there a contract to do this? Yes or No

If Yes, how often and by whom:

(e) Number of and type of fire fighting protection adjacent to cooking appliances:

.....

18. Fire Protections

Is the fire brigade: Public Volunteer Private

Details (distance, estimated time of response):

.....

19. Fire Fighting Equipment

Number and type of chemical extinguishers installed:

Service History:

Hydrants: Public Private

Number and type of hose reels installed:

Other fixed equipment:

20. Automatic Sprinkler System

Is an automatic sprinkler system installed? Yes or No

If No, please provide full details:

If Yes,

(a) Is it designed to AS Standard? Yes or No

- (b) Type: Single Water Supply Double Water Supply
- (c) Weekly maintenance? Yes or No
- (d) Is there a maintenance agreement in force? Yes or No
- (e) Date last serviced:

21. Automatic Fire Alarms

- Are automatic fire alarms installed? Yes or No
- If Yes,
 - (a) Designed to AS Standard? Yes or No
 - (b) Connected to:
 - (c) Maintenance Contract? Yes or No
 - (d) Smoke Detectors? Yes or No

22. Security

Please advise the construction and security of external openings:

23. Alarm System

- Is there an alarm system installed? Yes or No
- If Yes,
 - (a) Maintenance agreement? Yes or No
 - (b) System Type:

24. Security Patrols

Please provide details of security patrols:

25. Cash "Protection"

- Where is the cash kept on premises during non business hours?
 - Fixed Safe
 - Combination Strong Room
 - Other

If Other, please provide details:

26. Safe Details

- (i) Brand, model, age and dimensions:
- (ii) Locking device: Key Combination Both
- (iii) Quality: Fire proof Explosive proof TDR (torch and drill resistant)

27. Perimeter Fencing

Is there perimeter fencing in place? Yes or No

28. External Lighting

Is there external lighting in place? Yes or No

29. Storage

Specify exactly what materials and products are used and / or associated with the insured operation and storage arrangement

- (i) Materials Stored:
- (ii) Method(s) of Storage: Free Standing Palletised Racks
- (iii) Height(s):metres
- (iv) Separation between stack / rack (aisles):metres
- (v) If sprinklered, minimum clearance below sprinkler heads and / or fire / smoke alarms:metres

30. Management / Housekeeping

- (i) Storage areas clean and tidy? Yes or No
 If No, please provide details:.....

- (ii) Defined walkways, staircases, passageway, lobbies, fire escapes clearly marked and unobstructed? Yes or No
- (iii) Are waste materials removed from premises daily? Yes or No
 If No, how often are they removed?.....
- (iv) When removed from building(s) are waste materials located 10 metres away? Yes or No
 Please provide details:.....
- (v) Are floors clean, dry and free of oil or grease impregnation? Yes or No
 Please provide details:.....
- (vi) Do smoking restrictions apply? Yes or No
- (vii) Are Smoking and Non Smoking areas adequately signposted? Yes or No
- (viii) Are Smoking restrictions adhered to in prohibited areas? Yes or No

31. Fibreglass Manufacturer

- (i) Are you a fibreglass manufacturer? Yes or No
 If Yes,
 What type of chemicals, accelerator / catalyst is used?.....
 What quantities?
 How stored?.....

32. Claims History

Date of Loss	Cause and Description	Amount

Steps taken to prevent a recurrence:.....

33. Building Plan

Please sketch brief plan setting out approximate position of buildings and major plant and / or storage facilities.