

Business Insurance Field Survey.



THE APPLICANT/S		
Name of insured		
Occupation		
Postal address		
Suburb	State	Postcode

POLICY INFORMATION	
Contact name	
Phone	
<input type="checkbox"/> New business	<input type="checkbox"/> Renewal
Inception Date	Fire sum insured \$

SECTION A – GENERAL DETAILS

1. Age of building <input type="checkbox"/> <10 years <input type="checkbox"/> 10-30 years <input type="checkbox"/> 30-50 years <input type="checkbox"/> 50+ years	2. Heritage listed <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Number of storeys <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Other (please specify) No. _____	4. Condition of building <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Occupation of neighbours	

SECTION B – OCCUPANCY (Mainly for commercial units, shopping strips, multi-occupancy buildings)

Is the building <input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenanted	Is the building occupied by one sole tenant/occupant? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, how many occupants are there?
If tenanted, please list each of the occupants below (attach a separate page if necessary)	
1	6
2	7
3	8
4	9
5	10
If insurance is sought from one tenant only, identify which is to be insured	
Is each occupant separate from all the others by floor to ceiling partitions? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are the partition walls brick/concrete and fire rated? <input type="checkbox"/> No <input type="checkbox"/> Yes
For clarity, within the building do any of the following occur	
Woodworking, plastic or rubber manufacturing? <input type="checkbox"/> No <input type="checkbox"/> Yes	Bulk timber storage or saw milling? <input type="checkbox"/> No <input type="checkbox"/> Yes
Spray painting? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is spray painting conducted only in workcover approved ventilated spray booth? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is smoking allowed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, where is smoking allowed? _____
Describe space heating <input type="checkbox"/> Electric <input type="checkbox"/> Natural <input type="checkbox"/> Boiler <input type="checkbox"/> Other	Are there dangerous goods? <input type="checkbox"/> No <input type="checkbox"/> Yes
Flammable liquids? <input type="checkbox"/> No <input type="checkbox"/> Yes	Compressed gasses? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other hazardous chemicals? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, give details _____

SECTION C – CONSTRUCTION

Walls - external (from ground to roof line)	Walls - internal (from ground to roof line)	Roof
<input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Brick or masonry <input type="checkbox"/> Asbestos <input type="checkbox"/> Iron <input type="checkbox"/> Wood <input type="checkbox"/> Expanded Polystyrene Panel (EPS) <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Concrete or tiles <input type="checkbox"/> Iron, steel, metal <input type="checkbox"/> Masonry <input type="checkbox"/> Asbestos <input type="checkbox"/> Wood <input type="checkbox"/> Expanded Polystyrene Panel (EPS) <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Concrete <input type="checkbox"/> Tiles <input type="checkbox"/> A C sheeting <input type="checkbox"/> Other (please list)

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SECTION C - CONSTRUCTION

Ground floor	Upper Floor	Staircase
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick, stone, sand <input type="checkbox"/> Wood	<input type="checkbox"/> Concrete <input type="checkbox"/> Brick, stone, sand <input type="checkbox"/> Wood	<input type="checkbox"/> Concrete <input type="checkbox"/> Brick, stone, sand <input type="checkbox"/> Wood

Are there any outbuildings at the premises? No Yes If yes, give details _____

SECTION D - FIRE PROTECTION

Protection	Extinguishers (insert number below)
<input type="checkbox"/> No protection <input type="checkbox"/> Fully sprinkled (100%) <input type="checkbox"/> Partially sprinkled (min 50%) <input type="checkbox"/> Hydrants and house reels	_____ Dry Chemical _____ BCF _____ Co ² _____ Water _____ Foam

Fire alarms Local Back to base To Fire Brigade

Detection type Thermal Smoke

Date of last service / /

Is the overall protection considered adequate? No Yes

Extinguishers on each floor? No Yes

Other protection _____

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

Do higher than normal exposures exist in respect of

<input type="checkbox"/> Bush fire	<input type="checkbox"/> Flood	<input type="checkbox"/> Cyclone
<input type="checkbox"/> Earthquake	<input type="checkbox"/> Lightning	<input type="checkbox"/> Impact
<input type="checkbox"/> Storm and tempest	<input type="checkbox"/> Water damage	<input type="checkbox"/> Malicious damage
<input type="checkbox"/> Sea and tidal surge	<input type="checkbox"/> Explosion	<input type="checkbox"/> Other exposures

If you tick any of the boxes above, please give details

Housekeeping Tidy Untidy Congested

Waste disposal Daily Weekly Accumulated

SECTION E - COMMERCIAL KITCHEN

Are there commercial kitchen facilities on the premises? No Yes If yes, how many? _____

Does the kitchen have Grills/exhaust Fire blanket Extinguishers

General cleanliness Good Fair Poor

Is there any deep frying? No Yes

Are there any deep fryers?
 Portable bench top Other (please specify) fixed bench top LPG (bottled gas)
 Other (please specify) _____

Are the deep fryers thermostatically controlled? No Yes

Is there automatic cut-off? No Yes

Frequency of flue cleaning? Weekly Fortnightly Monthly

Who cleans the ducts and flues? Self Contractor

Date of last service? / /

SECTION F - ELECTRICAL

New Modern Old Fuses Circuit breakers Extension cords

Date of last service? / /

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SECTION G – SECURITY

External doors	External windows	Burglar alarms
<input type="checkbox"/> Dead bolts <input type="checkbox"/> Dead locks	<input type="checkbox"/> Bars/grills <input type="checkbox"/> Key locks <input type="checkbox"/> Other key locks <input type="checkbox"/> Padlocks	<input type="checkbox"/> Local <input type="checkbox"/> Back to base <input type="checkbox"/> Dedicated
Which of these activates the alarm?		
<input type="checkbox"/> Reed switches <input type="checkbox"/> Heat sensors <input type="checkbox"/> Panic button <input type="checkbox"/> Pressure pads <input type="checkbox"/> Trembles <input type="checkbox"/> Infra red beams <input type="checkbox"/> Motion detectors		
Are roller doors at the premises? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are roller door chains padlocked? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other security (please specify) _____		

SECTION H – SAFE (If money in the safe cover is required, please describe the safe)

<input type="checkbox"/> Fixed <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Free standing	Torch/drill resistant? <input type="checkbox"/> No <input type="checkbox"/> Yes
Make _____	Make _____

SECTION I – GLASS (Please complete only if cover for glass – internal and external is required)

Number of windows <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-20 <input type="checkbox"/> >21	How many windows exceed 2m x 2m in diameter? _____
Is there any stained glass? <input type="checkbox"/> No <input type="checkbox"/> Yes	Description

SECTION J – MACHINERY

(Please complete only if cover for machinery breakdown is required. Note the maximum horse power covered by this policy is 5HP)

Item	No. of units	Temperature units	No. of units
Drink fridges		Air conditioning units	
Cool rooms		Electrical heating units	
Portable air conditioning units		Other refrigeration	
Fixed air conditioning units			

Other motors - please describe

SECTION K – INSURANCE EXPERIENCE

For how long has the insured owned/occupied	a) These premises? _____ Years	b) Previous premises? _____ Years
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SECTION L – CLAIMS HISTORY - PAST 5 YEARS

Date of loss	Description of the loss	Amount lost
		\$
		\$
		\$
		\$
		\$
		\$

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SECTION M – RISK APPRAISAL

Management	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	If you ticked poor to any of the questions, please give details
Housekeeping	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	
Maintenance and repair	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	
Supervision fire equipment	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	
Plant emergency organisation	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	

SECTION N – LIABILITY

Exposure to Slip/Fall incidents ie. common areas, uneven surfaces, deteriorating surfaces Low High

If high, please give details

Any known exports to USA/Canada No Yes (note – no cover is available to exports to USA/Canada)

Payments to subcontractors/labour hire \$	Number of employees	Turn over \$
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Details of any work away premises

Could any of your products or services be used on or in connection with

Aircraft/Missiles/Aerospace	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes to any of these questions, please provide details
Watercraft or offshore?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Could any of your products or services be used on or in connection with

Pharmaceuticals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they considered prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cosmetics?	<input type="checkbox"/> Yes <input type="checkbox"/> No?	Fertilizers, pesticides, fungicides?	<input type="checkbox"/> Yes <input type="checkbox"/> No?
Chemicals of an explosive, toxic or noxious nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No?		

RECOMMENDATIONS – HIGH PRIORITY (to be completed within 30 days)

RECOMMENDATIONS – MEDIUM PRIORITY (to be completed within 60 days)

Surveyed by	Date	Please note this form is not a proposal but an underwriting questionnaire to be completed by the insured or by an agent of the insured. The information provided in this form is relied upon as an accurate description of the risk, and shall therefore be of the contract as regards the duty of disclosure.