

PACIFIC UNDERWRITING CORPORATION PTY LTD

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**PROPERTY
SURVEY REPORT**

• Broker	• Contact	• Occupation
• Insured		• Date of Survey
• Situation		• Conducted by

MANAGEMENT

• Comment on:
(i) Insured's commercial standing (i) and the trend and stability of the business (e.g. expanding, static, declining).
(ii) The general efficiency and organisation of the business, including staff relations.
(iii) Smoking controls and their effectiveness

LOSS HISTORY

• Give full details of all losses past 5 years.
• Detail the work done since the loss/es to prevent a recurrence.

THE ENVIRONMENT

Industrial <input type="checkbox"/>	Light Ind: <input type="checkbox"/>	Commercial: <input type="checkbox"/>	Residential: <input type="checkbox"/>
• Comment on the character of the neighbourhood			
Bushfire/grassfire hazard	Severe <input type="checkbox"/>	Moderate <input type="checkbox"/>	Nil <input type="checkbox"/>

CONSTRUCTION

Building No.

	1	2
When Built		
Insured occupies as		
Others occupy as		
Storeys (number above ground)		
Basements, number of		
Area of ground floor		
Wall materials, external		
Wall frames		
Wall materials, internal		
(also indicate on plan)		
Roof type (e.g. gable, saw-tooth)		
Roof materials		
Roof frame		
Floor materials		
Stairs, number of		
Lifts, number of		
• Are all stairs, lifts and other openings between storeys fire isolated		
YES <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

“Fire isolated” stairs and lifts means brick or concrete enclosed, with fire doors protecting openings at each level.

• Is the risk fire isolated from attached off-site buildings by unbroken brick walls at least to roof height?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/> No buildings attached <input type="checkbox"/>
• Describe any serious fire, explosion or water exposure hazards from neighbouring properties.		
• Generally speaking, is/are the building/s well maintained?		
• Suitable for R & R	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Extra Cost?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

• Are the following external water systems well maintained?		
	YES	NO
Roof	<input type="checkbox"/>	<input type="checkbox"/>
Roof gutters	<input type="checkbox"/>	<input type="checkbox"/>
Downpipes	<input type="checkbox"/>	<input type="checkbox"/>
Flashing/capping	<input type="checkbox"/>	<input type="checkbox"/>
Drains		

THE CONTENTS

• Give a broad description of the plant and the stock in each building.		
• Are any contents stored in the open? YES <input type="checkbox"/> NO <input type="checkbox"/>		
• Describe:		
• Describe any specially hazardous materials (e.g. oxidising agents such as chlorates, nitrates, peroxides).		
• Minimum distance between these materials and other combustibles is m.		
• Comment upon the susceptibility of the contents to water damage		
• Housekeeping – describe standard and the shortcomings.		
• Describe how and when trade wastes are removed.		
• Is the risk free of congestion?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• How is stock stored?	Building No.	
On the floor (no pallets)	1	2
On pallets, but not in racks		
In steel racks		
In wooden racks		
Describe other		
Maximum storage height (m)		

DUST:

• Describe type and quantity of dust produced in trade processes and methods of control.		
• Are the methods effective?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

COOKING

• Number and capacities of deep fryers		
• Is all cooking apparatus thermostatically controlled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Cleaning frequency for ventilating systems and grease filters		
• Are contractors employed for cleaning, ventilating systems and filters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Is a fire blanket available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• If no – a recommendation concerning installation must be made.		

ELECTRICITY

• Are all SWITCHBOARDS, wiring, insulation, appliances etc. in good condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Age of wiring years		
• Are all the switchboards enclosed in a flameproof cabinet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Is there an effective maintenance programme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Is all electrical apparatus in hazardous locations, e.g. painting, flammable liquid areas, of a flameproof type?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Is power isolated from the risk during non-business hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FIRE FIGHTING FACILITIES

WATER SUPPLIES:	
* Towns main	YES <input type="checkbox"/> NO <input type="checkbox"/>
PUBLIC BRIGADES:	
Permanently manned	volunteer
Distance from risk	kms.

EXTINGUISHERS			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
* adequate in number (one per 200 sq.mtr.)			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• adequate regarding protection for special locations. E.g. CO2 or Dry Chemical for						
• electrical installations, CO2, Dry Chemical or Foam for Flammable liquids.			YES		NO	
• Regular servicing by Fire brigade or other competent body			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• Date last serviced						
HYDRANTS:	Internal	External	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
* Can command all areas			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HOSE REELS:						
* Can command all floor areas			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
* Is clear access available to all fire fighting facilities?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
AUTOMATIC SPRINKLERS:			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• State which building are protected and whether full or part cover (also indicate on plan)						
• Year of installation						
• Single supply			Dual supply			
• Weekly testing by installing engineers			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• Does the log book reveal that the system is in good working order without defects?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
AUTOMATIC FIRE ALARMS			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• State which buildings are protected and whether full or part cover						
• Year of installation						
• Thermal alarms			Smoke detectors			
• Weekly testing by Insured			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECURITY

* Window Protection	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
* Locks	Grilles	<input type="checkbox"/>	Bars	<input type="checkbox"/>
* Connected to Alarm	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
* Skylights	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
* How protected				
• Physical door protection				
• Door Type:	Wooden	<input type="checkbox"/>	Steel sheathed	<input type="checkbox"/>
				Glass <input type="checkbox"/>
• Deadlocks	Connected to Alarm	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
• Roller doors	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• How protected				
• Site Perimeter Protection	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• Fencing:	Chainlink	<input type="checkbox"/>	Cyclone	<input type="checkbox"/>
	Gates	<input type="checkbox"/>	Padlocks	<input type="checkbox"/>
				other <input type="checkbox"/>
				other <input type="checkbox"/>
* Floodlighting	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
* Dogs	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

BUILDING SECURITY

•	Security Patrols:	Permanently on site	<input type="checkbox"/>	Periodic Visits	<input type="checkbox"/>	Nil	<input type="checkbox"/>
•	If there is an intruder alarm system complete:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
•	Maker's name						
•	Model	Date of Installation					
•	Are all parts of all buildings protected?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
•	Local Alarm	<input type="checkbox"/>	Telephone Dialler	<input type="checkbox"/>	Dedicated Line to	<input type="checkbox"/>	
•	Magnetic Contacts	<input type="checkbox"/>	Space Alarm	<input type="checkbox"/>			
•	(If State Type e.g. Ultrasonic, microwave, infrared, photo-electric)						
•	Is the system serviced frequently?						
•	Is the system tested daily?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
•	Are warning notices displayed	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

ATTACH PHOTOS / SITE PLAN

