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GENERAL SURVEY REPORT

New Business Renewal Inception Date _____

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

Heritage Listed: Yes No

Number of Storeys: Single Double Other Number: _____

Condition of Building: Excellent Good Average Poor

Basis of Settlement: Indemnity Value Only Suitable for R & R Conditions

Nearest Neighbours: Adjoining < 5 m 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 _____ 5 _____

2 _____ 6 _____

3 _____ 7 _____

4 _____

8 _____

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 spray painting 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 roof line? 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 roof line? 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 Earthen
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 <input type="radio"/>	Garage <input type="radio"/>	Flammables Store <input type="radio"/>	Other (Description) _____
Brick <input type="radio"/>	Brick <input type="radio"/>	Brick <input type="radio"/>	Brick <input type="radio"/>
Iron <input type="radio"/>	Iron <input type="radio"/>	Iron <input type="radio"/>	Iron <input type="radio"/>
Wood <input type="radio"/>	Wood <input type="radio"/>	Wood <input type="radio"/>	Wood <input type="radio"/>
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 _____

Number:

Last Day of Service: _____

Fire Alarms

- Local <input type="radio"/>	- Thermal <input type="radio"/>
- Back to Base <input type="radio"/>	- Smoke <input type="radio"/>
- To Brigade <input type="radio"/>	

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:

External Windows:

Burglar Alarms:

Which of these activates the Alarm?

Dead Bolts Bars/Grills Local Reed Switches Pressure Pads

Dead Locks Key Locks Back to Base Motion Detectors Heat Sensors

Other Key Locks Dedicated Tremblers Panic Buttons

Padlocks Smoke 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 5-10 10-15 15-20 21 +

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

Is there any Stained Glass? Yes No Description: _____

MACHINERY

Please complete only if cover for machinery breakdown is required:

Number of Motors:	Drink Fridges:	_____	Portable Air Con Units:	_____
	Coolrooms:	_____	Fixed Room Air Con Units:	_____
	Temprite Units :	_____	Split Cycle/Ducted Air Con:	_____
	Other Refrigerative:	_____	Electric Heating Units:	_____

Other Motors (Description and number): _____

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: _____ Date: _____

Underwriting Questionnaire

This form is not a proposal, but an underwriting questionnaire to be completed by the insured or by an agent of the insured. A proposal completed by the insured will still be required within thirty days of inception should cover be placed with Australis Group Underwriting. The information provided in this form is relied upon as an accurate description of the risk, and shall therefore form part of the contract as regards the duty of disclosure.

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984 , to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Privacy

We are committed to protecting you and your clients' privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your clients' insurance and we cannot insure them. You can check the personal information we hold about you and your clients at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please visit our website – www.ausuw.com.