



**DOMINION
UNDERWRITING
AGENTS** PTY LTD
ABN 98 096 824 814

Dominion Underwriting Agents Pty. Ltd.
AFS License 247849
PO Box 457, Deepdene, VIC 3103
Website:
www.dominionunderwriting.com
Phone: 03 9852 8966 Fax: 03 9852 8977

Commercial Property- Survey Report

Period of Insurance from	Date	to	Date
<i>Insurance commences 4.00pm on</i>		<i>and ends 4.00pm on</i>	
The Insured (if you are not a company)			
Trading Name (including subsidiary companies)			
Name and position of person whom survey is conducted with			
Address (business location)			
Number/Street			
Suburb		Post Code	
Contact numbers			
Telephone		Facsimile	
E-mail		Website Address	
Interested Parties			
Does anyone (other than the Insured) have a financial interest in any property?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Interest:		Lessor <input type="checkbox"/>	<input type="checkbox"/>
		Mortgagee <input type="checkbox"/>	<input type="checkbox"/>
Full Name of Interested Parties			
Address of Interested Party (ies) to be insured			
Date Business Commenced	Day	Month	Year
Full Business Description in Detail			

Signature:

Date:



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General Questions									
Name of tenants (if applicable)									
Are the premises leased or owned?									
Are the premises currently unoccupied?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Will the premises be left unoccupied for more than 60 consecutive days?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Are your books of account audited?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If yes, at what intervals									
History of Premises									
How many years have you occupied these premises?									
Year Built?									
Building Size: Dimensions					Total Sq meters				
Construction of Premises: Concrete/ Brick/ Wood/Steel Other (specify)									
Walls					Damage		Yes <input type="checkbox"/>		No <input type="checkbox"/>
Roof					Damage		Yes <input type="checkbox"/>		No <input type="checkbox"/>
Floor					Damage		Yes <input type="checkbox"/>		No <input type="checkbox"/>
<i>If 'yes' to any of the above please comment</i>									
Number of Storey's									
Is there asbestos in the building?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If 'yes' please indicate %					%				
Comments									
Condition of buildings									
Attitude toward repair									
Risk improvement required									
Other									
Building risk rating									
Excellent								Very Poor	
1	2	3	4	5	6	7	8	9	10

Signature:

Date:



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Electricals									
Wiring			Condition						
Electrical scanning test results									
Age of wiring (approximately)									
Switch Board <i>It is a condition of this policy that the switch board must have a 'circuit breaker' installed and that the switch board be maintained at all times and in efficient working order.</i>									
How old is the switch board?						years			
When was the wiring on the switch board up-dated?						year			
Type of safety circuits			Fuse			Circuit breaker			
Safety cutout						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comments									
General condition of wiring									
Attitude toward repair									
Risk improvement required									
Other									
Electrical risk rating									
Excellent					Very Poor				
1	2	3	4	5	6	7	8	9	10

Fire Safety of Premises <i>It is a condition of this policy that any fire protection equipment must at all times be in excellent condition and efficient working order. Signage must be up to regulatory standards.</i>					
Bushfire danger? (<i>circle</i>)		LOW	MEDIUM	HIGH	V.HIGH
Is the property connected to town water?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there fire extinguishers / fire protection equipment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of extinguishers					
Date of last test					
Fire Blankets?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do the fire extinguishers/ fire protection equipment carry the proper signage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the premises sprinklered?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there dual supply sprinklers?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of external fire doors			Number of internal fire doors		

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Fire Safety of Premises <i>continued</i>									
Are there Hydrants / Hose Reels?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If 'yes', are they under a maintenance contract?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If 'yes', please provide the name and contact number of the contractor:									
Smoke Detectors?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Are the Smoke Detectors 'hard wired'?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If 'no', what date are the batteries changed?									
How many Smoke Detectors are there?		Floor 1		Floor 2		Other areas			
Do you store flammable goods on your premises? (<i>e.g. petrol, paint, chemicals, gas in cylinders</i>)					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If 'yes', please advise details and quantities and storage facilities.									
Are there any hazardous processes involved?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If 'yes', please advise details and quantities and storage facilities.									
For restaurants/takeaway shops/commercial kitchens etc									
Safety of Premises									
Is there any deep fat -frying?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Number of frying bays?									
Total capacity?									
How often are the frying bays, canopies, and other cooking equipment cleaned?									
By whom?									
Is this cooking equipment fitted with automatic thermostatic cut offs?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Comments									
General condition of kitchen									
General condition of dining areas									
Attitude toward health and safety									
Risk improvement required									
Other									
Fire risk rating									
Excellent					Very Poor				
1	2	3	4	5	6	7	8	9	10

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Plant and equipment									
Refrigeration equipment					Number of units				
Cold room					units				
Deep freezer (<2m in length)					units				
Deep freezer/freezer room					units				
Domestic fridge					units				
Displays/cabinets					units				
Ice cream dispensing unit					units				
Ice maker					units				
Deterioration of refrigerated foods required?					Yes <input type="checkbox"/> No <input type="checkbox"/>				
What is the total value stored?					\$				
What amount of insurance do you require?					\$				
Air conditioning plant					Number of units				
Split system					units				
Window/wall type					units				
Evaporative cooler					units				
Other equipment (please specify)					Number of units				
					units				
					units				
Comments									
General condition of plant, equipment and electrics									
Attitude toward repair									
Attitude toward health and safety									
Risk improvement required									
Other									
Plant and equipment risk rating									
Excellent					Very Poor				
1	2	3	4	5	6	7	8	9	10

Signature: _____ Date: _____



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Security of Premises <i>It is a condition of this policy that any burglar alarm must at all times be maintained in good condition and in efficient working order and be made operative whenever the premises are left unoccupied</i>										
Deadlocks on all external doors?								Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bars/Grilles on windows?								Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are the premises alarmed?								Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes' is it monitored? By whom:-										
Is it a Securitel line								Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details of any Safe: make and type										
Glass										
Approx. Area in Square meters of Internal Glass?										
Approx. Area in Square meters of External Glass?										
Is any of the glass now broken or damaged?										
Comments										
Risk improvement required										
Other										
Security risk rating										
Excellent								Very Poor		
1	2	3	4	5	6	7	8	9	10	

Liability Assessment (Surveyor to list comments with regard Public exposure)									
<i>(In the assessor's opinion are there any foreseeable/obvious hazards or risks apparent that may put the public at risk)</i>									
Risk improvement required									
Liability risk rating									
Excellent								Very Poor	
1	2	3	4	5	6	7	8	9	10

Signature: _____ Date: _____

