



BACKPACKER / BOARDING HOUSE

SURVEY REPORT

New Business / Renewal		Inception Date:	
Insured:			
Business		Phone Number:	
Situation:		State:	Post Code:
How many years has the risk been operational?			
Has the situation been involved in any claims?			
If so, please provide details (Please attach separate schedule of claims if insufficient space provided)			
Year	Type of Claim	Cost	Insurer
		\$	
		\$	
		\$	
		\$	
Is smoking permitted on the premises?			

Property	
Construction Type	
Walls:	Floor:
Roof:	Is there any Asbestos in the building?
Age of Building?	Condition of Building?
General Surrounds?	
Gross Annual Turnover	\$

Accommodation	
How many rooms occupy building?	How many beds per room?

Kitchen	
Is cooking allowed in rooms?	
If so, what facilities are provided?	
Are all kitchens protected with Fire blankets and extinguishers?	



Electrical	
Source: Mains / Generator	Switchboards: Open / Closed
Maintenance: Company / Contractors / Employees / Other	
General Conditions	
When was wiring installed?	
When was the last time all wiring was inspected?	

Sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' regularly serviced?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke detectors / alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hose reels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, adequate number / type?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire extinguishers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Deadlocks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Double Deadlocks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Steel Doors (Reinforced)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Security lighting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Security alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Local?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Dialler?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Securitel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Dedicated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

General Comments
Quality of Risk:



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Recommendations

Surveyed by:	Signed:
Date:	