



Property

Property Survey

V0121



Important Notices

PEN UNDERWRITING PTY LTD
 ABN 89 113 929 516 AFSL 290518

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed

UNDERINSURANCE

A co-insurance clause applies to the policy. This means that if you underinsure, you will become your own insurer for a portion of the damage. Please check your policy wording for the co-insurance percentage.

Example

The sum insured is declared as \$1,000,000. Property damage totalling \$500,000 occurs from an event covered by the Policy. The insurable value of such property at the commencement of the period of insurance is actually \$1,400,000. Average applies because the declared value is less than 85% of the insurable value calculated in accordance with the basis of settlement applicable. In this example, we would pay \$420,150 for the cost of reinstating your property, subject to the application of any excess.

Actual Property Value	$\$1,400,000 \times 85\% =$	\$1,190,000
Sum Insured	$\$1,000,000 / \$1,190,000 =$	84.03%
Loss	$\$500,000 \times 84.03\% =$	\$420,150
Excess	\$2,500	
Insurer Pays	\$420,150 less Excess	\$417,650

PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit <https://www.penunderwriting.com.au/important-information/>.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Survey fully prior to answering the questions.

- Answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space, provide further information on your letterhead.
- All attached documents form part of this Property Survey.

This Proposal is for New Business Renewal - Policy Number (if known) is:

1. Broker

Name:

Contact:

2. Date Completed:

3. Your Details

Name(s):

..... ABN

..... ABN

Trading Name:

Name(s) in full of Principals/Partners/Directors:

.....

Postal Address: Postcode:

Contact Name: Email:

Phone: Fax:

Location:

Period Insured has occupied the premises:

4. Occupancy

Please describe the main Business activities

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If Multiple Occupancy, provide a list of tenants or occupants with brief mention of the type of occupancy and housekeeping:

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5. Construction

	Building No 1	Building No 2	Building No 3
Walls			
Frame			
Roof			
Floors – Ground			
Floors – Other			
No. of Storeys			
Approximate Age			
Is the building Heritage Listed?			
Is there a Development application (DA) on the property?			
Any EPS insulated Panels installed?			
If 'Yes' to above, what is the % of the floor area taken up?			
Type of EPS Panelling (PIR, Rockwool, Kingspan, XFLAM, Standard EPS etc)			
Have Aluminium Composite Panels (ACP) been installed to the exterior of the building?			
If 'Yes", please provide details of the Panelling			
Type of guttering (boxed or conventional)			
How often is the guttering cleaned?			
Has the client had an issues with water ingress into the building from a storm?			

	Building No 1	Building No 2	Building No 3
Is the lighting within the premises LED, High Intensity Discharge or fluoro? If HID or fluoro, are diffusers/covers installed?			
When was an annual thermographic scan last conducted of the switchboard?			
Is there an Annual Test and Tag Process in Place (yes or no)?			

6. Neighbouring Risks

(a) Are they: Industrial Commercial Residential

(b) Provide details of the neighbouring risks (eg. attached, detached, occupancy, etc)

North Neighbour:

South Neighbour:

East Neighbour:

West Neighbour:

7. Operations / Processes, etc.

Please provide a broad description including any hazardous processes:

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8. Spray Painting

Is any spray painting done? Yes No

If **Yes:** Spray Booth? Yes No

If **Yes:**

(a) Construction of the Spray booth (EPS) etc?

(b) How often are the filters cleaned?

(c) Percentage of floor area taken up by the spray booth in sqm:

(d) Open air spray/coating operations: Yes No

(e) Heating drying tunnels/ovens: Yes No

If **Yes**, fired powered by:

- (f) Are the light fittings in the spray booth enclosed? Yes No
- (g) Exhausted to atmosphere? Yes No
- (h) Is it compliant with Australian Standards? Yes No
- (i) Flame Proof Electrics? Yes No

Provide details of quantities of Flammable Paints and or Thinners etc and how stored:

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9. Machinery and Equipment

- (a) Please provide a description, including the purpose of the machinery and equipment used (eg. Dust extraction system)
- (b) Does the client have any one piece of machinery with a replacement value greater than \$250,000 Yes No
If **Yes**, what is the highest value of any one piece of machinery and how many machines over \$250,000
- (c) In the event of a loss, would any of the machinery have to be sourced from overseas? Yes No
If **Yes**, what is the expected replacement time including commission?
- (d) Is there a predictive/scheduled maintenance agreement in force for all machinery? Yes No
If **No**, how is the machinery maintained
- (e) Are thermostat controls installed, online, and fully operational in regards to the machinery? Yes No
- (f) Is machinery left on after hours unsupervised? Yes No
- (g) Are oily rags disposed of within a fire resistant pedal bin or similar? Yes No

10. Services

- Electricity: Source: Mains Generator
Switchboards: Open Closed
- Date wiring installed:
- Date last serviced:
- Does the switchboard have ceramic fuses? Yes No
- Water Source: Town Main Storage Tanks Capacity Other
- If **Other**, please provide details (eg. dam):
- Town Gas: Yes No
- If used for processing, please provide details:

11. Flammables

- Are flammables (including paints and varnishes) used and / or stored? Yes No
- Gases? Yes No

If **Yes**, please provide the following information:

Type	Class	Use	Quantity	How Stored?

12. Flammable Liquids Store

Please provide details of construction, etc.

Walls

Floor

Roof

Fire Doors

Electrical System

Ventilation

13. Other Hazardous Materials / Chemicals

Please provide details:

.....

.....

14. Heating

Is there heating systems in use? Yes No

If **Yes**,

Process: Steam Hot Water Gas Electricity Oil

General Duties and Uses:

Domestic: Steam Hot Water Gas Electricity Oil

Give details of comfort heaters (eg. radiator units, salamanders):

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15. Boilers

Are boilers in use? Yes No

If **Yes**,

Is current Certificate displayed? Yes No

Serviced by whom and for what period:

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Boiler fired by: Fuel Oil Gas Coal / Coke

16. Welding

Is welding performed? Yes No

If **Yes**, please provide details (eg. fire resisting curtains erected over welding bays):

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17. Fire Protections

Is the fire brigade: Full time Retained Volunteer Private

Details (distance, estimated time of response):

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18. Fire Fighting Equipment

Number and type of chemical extinguishers installed:

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Hydrants: Public Private

Number and type of hose reels installed:

Other fixed equipment:

Date the fire protection equipment (extinguishers, hose reels and hydrants) were last serviced in accordance with AS1851

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19. Automatic Sprinkler System

Is an automatic sprinkler system installed? Yes No

If **Yes**,

(a) Is it designed to AS Standard? Yes No

(b) Type: Single Water Supply Double Water Supply

(c) Monthly maintenance? Yes No

(d) Is there a maintenance agreement in force? Yes No

(e) Date last serviced:

(f) Date last sprinkler flow test:

(g) Was it a pass or fail? Pass Fail

20. Automatic Fire Alarms

Are hard wired thermal/smoke detectors installed? Yes No

If **Yes**,

(a) Designed to AS Standard? Yes No

(b) Fire Indicator Panel installed? Yes No

(c) If **Yes**, Local, Connected to fire station or Connected to alarm monitoring company:

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(d) Name of monitoring company:

(e) Is this a Maintenance Contract? Yes No

(f) Area Coverage %

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21. Security (at each situation)

Tick which of the following are applicable

	Situation 1	Situation 2	Situation 3
Are all perimeter doors deadlocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all perimeter windows protection by Bars/Grills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any skylights in the roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Yes**, how are they protected:

Random visit Security night patrols	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIR (Motion Detectors)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local sounding alarm only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Connected to monitoring company	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Yes**, what type of system? GPRS Dedicated Line Digital Dialler

Who is notified in the event the alarm is activated Client Patrol Police

Does the monitoring company have access to the premises to investigate alarm activation? Yes No

Details of other security measures (eg. On Site Guards/Watchman, Guard Dogs, CCTV, Bollards):

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22. Cash "Protection"

Where is the cash kept on premises during non-business hours?

Fixed Safe Combination Strong Room Other

If Other, please provide details:

23. Safe

(a) Detail Brand, model, age and dimensions:

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(b) Locking device: Key Combination Both

(c) Quality: Steel Plate Anti-Arc TDR (torch and drill resistant)

24. Perimeter Fencing

Is there perimeter fencing in place? Yes No

25. External Lighting

Is there external lighting in place? Yes No

26. Storage

Specify exactly what materials and products are used and or associated with the insured operation and storage arrangement

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Materials Stored:

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Method(s) of Storage: Free Standing Palletised Racks

Height(s): metres

Are stock and machinery located in basements, sub-basements and ground floor stored on racks, shelves or pallets at least 15 centimetres above floor level? Yes No

Separation between stack / rack (aisles) metres

If sprinklered, minimum clearance below sprinkler heads and / or fire / smoke alarms metres

27. 27 Management / Housekeeping

(a) Storage areas clean and tidy? Yes No

If **No**, please provide details:

(b) Defined walkways, staircases, passageway, lobbies, fire escapes clearly marked and unobstructed? Yes No

(c) Are waste materials removed from premises daily? Yes No

If **No**, how often are they removed?

(d) When removed from building(s) are waste materials located 10 metres away? Yes No

Please provide details:

(e) Are floors clean, dry and free of oil or grease impregnation? Yes No

Please provide details:

(f) Do smoking restrictions apply? Yes No

(g) Are Smoking and Non Smoking areas adequately signposted? Yes No

(h) Are Smoking restrictions adhered to in prohibited areas? Yes No

(i) Do they have a risk management plan in place? Yes No

(j) Do they have a business continuity plan in place? Yes No

If **Yes**, is it formal or informal? Formal Informal

28. Fibreglass Manufacturer

(a) Are you a fibreglass manufacturer? Yes No

If **Yes**,

What type of chemicals, accelerator / catalyst is used?

What quantities?

How stored?

(b) Is excess product from either; Hand layup and/or chopper gun operation dumped into water to permit cooling? Yes No

(c) Catalyst (MEPK) stored separate to resin/gelcoats? Yes No

(d) How often are floor surfaces scrapped/cleaned of residue?
 Weekly Monthly 3 Monthly Other:

(e) How often are the wall surfaces scrapped/cleaned of residue?
 Weekly Monthly 3 Monthly Other:

(f) Any dust accumulation from sanding operations? Yes No

(g) How often are the roof frames cleaned? Monthly 6 Monthly Annually

- (h) Is there an induction program in place for new staff on how to handle flammables and cleaning of the hand layup and/or chopper gun? Yes No
- (i) Are all machinery appropriately grounded? Yes No

29. Claims History

Date Of Loss	Cause and Description	Amount \$

Steps taken to prevent a recurrence:

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30. Building Plan

Please sketch brief plan setting out approximate position of buildings and major plant and / or storage facilities.



- 31. Please provide internal and external Photos of the Risk
- 32. Cooking – Refer to the Cooking Questionnaire at www.penunderwriting.com.au/products/property/
- 33. Woodworking – Refer to the Woodworking Questionnaire at www.penunderwriting.com.au/products/property/

DECLARATION

I declare that:

- I am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I have read and understood the Important Notices accompanying this Proposal
- I have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature:.....

Date:

Full Name:.....

Title: