

Property Risk Questionnaire

Risk Engineering Services

Completing the Questionnaire

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

Applicant Information

Insured Name:					
Building Address:					
	City:		State:		Post Code:
Latitude:			Longitude:		
Key Contact:			Phone:		
Occupancy:	<input type="checkbox"/> Residential <input type="checkbox"/> Hotel <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Other:				

Building Construction

Year Built:					
Structural frame:	<input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Timber <input type="checkbox"/> Other (describe):				
Floors:	<input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Timber <input type="checkbox"/> Other (describe):				
Roof:	<input type="checkbox"/> Concrete <input type="checkbox"/> Metal Sheet <input type="checkbox"/> Tile <input type="checkbox"/> Insulated Panel <input type="checkbox"/> Other (describe):				
Exterior Walls:	<input type="checkbox"/> Concrete Panels <input type="checkbox"/> Brick <input type="checkbox"/> Insulated Panel <input type="checkbox"/> Timber <input type="checkbox"/> Glass Curtain <input type="checkbox"/> Other (describe below):				

Number of stories above ground:	
Number of basement levels:	
Total Floor area (m2):	
Vacant Area (%):	
Tenant Area (%):	

Expanded Polystyrene Sandwich Panel (EPS) and Aluminium Composite Panel (ACP)

Internal insulated (sandwich) panels:	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> None	
Insulated panel % of total floor area:		
Insulated panel make / type:		
Is there any ACP, metal composite panels, or expanded plastic cladding on the building. If Yes please fill in the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated % of surface area:		
Vertical continuity (number of floors):		
Cladding make / type:		

Automatic Fire Sprinkler System

Provide photograph of block plan normally located at sprinkler systems control valves

Automatic Fire Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of Site covered by sprinklers:	%
List areas not protected by sprinklers:	

Sprinkler system design:	
Monthly Inspection & testing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Automatic Fire Alarm System

Automatic Fire Alarm System	
Percentage of Site covered by fire detectors:	%
List areas that are not covered by fire detectors:	

Type (percentage)	Smoke detectors:	%	Heat detectors:	%
Fire alarm panel installed				<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored by fire brigade				<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Inspection & testing				<input type="checkbox"/> Yes <input type="checkbox"/> No

Private Fire Hydrant System

Private Fire Hydrant System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internal fire hydrant on each level	<input type="checkbox"/> Yes <input type="checkbox"/> No
External fire hydrants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire brigade booster connections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance & Testing	<input type="checkbox"/> 6 Monthly
Water supply pressure (kPa):	

Other Fire Suppression Systems

Gaseous fire systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	
Water Spray/Mist systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	
Maintenance & Testing	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually		

Fire Rated Compartments

Open stairs between floors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire rated walls	<input type="checkbox"/> Yes <input type="checkbox"/> No Where:

Site Security

Security patrols at night	<input type="checkbox"/> Yes <input type="checkbox"/> No
External doors alarmed after hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motion detectors installed at entrances to main building	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCTV cameras installed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is CCTV recorded? If Yes how long are records kept for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security alarms monitored	<input type="checkbox"/> Off-site <input type="checkbox"/> On-site <input type="checkbox"/> No

Management Controls

Contractor site induction	<input type="checkbox"/> Yes <input type="checkbox"/> No
All areas clean & tidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual inspection of electrical systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot work permit used	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking only in designated areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire systems isolation permits used	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Hazards

Automatic shut-off of hazardous processes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Combustible dust collection systems	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Flammable liquids or gases >200 kg stored on site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Unsecured aerosol container storage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Bulk Storage & Warehousing

Floor area of storage (m2):	
Rack storage height (m):	
Block Stacked storage height (m):	
Plastic Pallets	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commodity Description:	

Business Interruption

Estimated reconstruction period for main buildings:	<input type="checkbox"/> <6 mths <input type="checkbox"/> 6-12 mths <input type="checkbox"/> >12 mths
Estimated replacement time for main production equipment?	<input type="checkbox"/> <6 mths <input type="checkbox"/> 6-12 mths <input type="checkbox"/> >12 mths
What is the highest percentage of revenue dependent upon a single supplier or customer?	
In the event of total loss of the facility:	
a) What percentage of annual production can be maintained at other facilities?	
b) What is the estimated percentage cost increase to maintain production at other facilities?	

External Exposures

Separation distance to neighbouring buildings (m):	
Adjacent buildings protected by fire sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No
External combustible storage >10 m from buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Relevant Information

General site photos attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Plan attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide photographs of the condition of building and contents.

Other Information:

Acknowledgement

We (the undersigned):

1. acknowledge that we have read and understand the Important Notices and Privacy Statement contained in this declaration.
2. agree that this declaration, together with any other information or documents supplied, shall form the basis of any resulting contract of insurance.
3. acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the Policy Wording as issued or as otherwise specifically varied in writing by Chubb.
4. declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.
5. undertake to inform Chubb of any material alteration to those facts before entry into of the contract of insurance.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/
business/Insurance Officer:

Signed	
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Name		Date	
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