

SECTIONAL TITLE SURVEY QUESTIONNAIRE

NOTE: If multiple risk addresses, please complete a survey questionnaire for each risk

Request for survey

Quote	YES	NO
Renewal	YES	NO
Post Loss	YES	NO

Policy number, if applicable _____

Name of client/Insured _____

Inception/Renewal date _____

Physical address _____ Code _____

Description of business (all activities to be included) _____

Date survey completed _____ Surveyor/Consultant _____

BUILDINGS COMBINED

Building description	Number of storeys					
	Brick	Iron	Asbestos	Wood	Other	
1. a. Wall construction						
b. Specify "Other"	_____					
2. a. Roof construction	Tile	Iron	Asbestos	Thatch	Other	
b. Specify "Other"	_____					
c. Roof trusses visible	YES	NO	Distance apart			
d. Any previous water damage visible on ceilings or elsewhere					YES	NO
e. If any visible, describe fully	_____					
3. Are gutters in good condition					YES	NO
4. Are lightning conductors fitted					YES	NO
5. Are sprinkler system(s) fitted					YES	NO
a. When were they last serviced	_____					
b. Is this system ASIB-certified					YES	NO
6. Is the building separated with a perfect partition wall					YES	NO
7. a. Any flammable liquids stored:						
i. in the building					YES	NO
ii. in fire-resistant storeroom					YES	NO
iii. in what quantity	_____					
b. Any gas subject to SANS10087 stored					YES	NO
8. a. Any cooking or processing of food (e.g. a Restaurant)					YES	NO
b. On open flames in the open					YES	NO
c. On open flames within building					YES	NO
d. On stoves within regulated area					YES	NO
9. Hot-work permit welding					YES	NO

10.	a.	Is storage of goods done			YES	NO
	b.	On shelves and/or racks			YES	NO
	c.	Height	_____			
	d.	Other – specify	_____			
	e.	Is there sufficient space/passage between shelves and/or racks			YES	NO
	f.	Is there sufficient space between sprinkler tops and shelves/racks			YES	NO
11.		Are fire extinguishers easily accessible			YES	NO
12.		Are fire hydrants/hose reels easily accessible			YES	NO
13.		Fire-fighting equipment:			YES	NO
	a.	how many hand-held pieces of equipment	_____			
	b.	when were the units last serviced	_____			
	c.	how are the extinguishers mounted – wall or standing on the floor			Wall	Floor
	d.	capacity/weight	_____			
	e.	how many hydrants on the premises	_____	Pressure	_____	
	f.	are they serviced regularly	YES	NO	Last date	_____
	g.	how many hose reels on the premises	_____	Pressure	_____	
	h.	are they serviced regularly	YES	NO	Last date	_____
14.		Are there fire escapes and are they clear and accessible			YES	NO
15.		Distance to nearest fire station	_____ km	_____ Town		
16.		Staff trained to operate equipment			YES	NO
17.	a.	Any carports on the premises for which cover is provided			YES	NO
	b.	Material of carports	_____			
	c.	Carports are			Freestanding	Attached
	d.	If attached, to which building	_____			
	e.	Any visible damage to material	YES	NO	Approximate age	_____ yr(s)
18.		Water pressure and supply			YES	NO
19.		Superficial area of premises			YES	NO
20.		LPG Gas installation compliance			YES	NO
21.		Electrical Certificate			YES	NO
22.		Thermax Infa Red Reports available			YES	NO
23.		General housekeeping		Poor	Good	Excellent
24.		Adjoining buildings:				
	a.	Age and condition of building	_____			
	b.	Occupation	_____			
25.		Type of neighbourhood	_____			

OFFICE PREMISES

1.	Are the office premises (building) perfectly separated from other premises	YES	NO		
2.	Are the premises fitted with an alarm linked to armed response	YES	NO		
3.	Are there burglar bars in front of all opening windows and security gates on all external doors	YES	NO		
4.	Are all windows and doors fitted with burglar bars	YES	NO		
5.	Are there any fire extinguishers	YES	NO	Type	_____
6.	a. Wall construction	Brick	Iron	Asbestos	Wood Other
	b. Specify "Other"	_____			
7.	a. Roof construction	Tile	Iron	Asbestos	Thatch Other
	b. Specify "Other"	_____			
8.	Any lightning protection				YES NO
	If YES, give details	_____			

PUBLIC LIABILITY

1.	Fully describe all the activities (occupation) of the Insured on the premises as well as the main source of income	_____ _____ _____			
2.	Indemnity Limit Required	R	_____		
3.	What is the general condition of the buildings, carports, etc.	Good	Average	Worn	

MONEY

1.	Is a burglar alarm fitted to the premises	YES	NO		
2.	Make of safe	SABS category _____			
3.	a. How is money transported to/from bank	Vehicle	Foot	Fidelity Guards	Other
	b. If other, specify	_____			
	c. Are trips to/from bank uninterrupted	YES	NO		
4.	Who carries the money	_____			
5.	Any firearms carried while in transit	YES	NO		
6.	a. Frequency of banking	Daily	1 x weekly	2 x weekly	Fortnightly Other
	b. If other, specify	_____			
7.	Maximum amounts kept				
	a. in safe during business hours	R	not in safe	R	_____
	b. in safe outside business hours	R	not in safe	R	_____
8.	Where and how are wages made up	_____			
9.	Sets of keys	Name(s) of key holder(s) _____			

BUSINESS ALL RISKS

Does underwriter have full descriptions of property insured, including serial numbers	YES	NO
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ELECTRONIC EQUIPMENT

1.	Is all equipment Insured If not, specify _____	YES	NO
2.	Is all equipment insured at replacement value If not, specify _____	YES	NO
3.	Is listed equipment protected against lightning If YES, specify _____	YES	NO
4.	Is listed equipment protected against power surge If YES, specify _____	YES	NO
5.	Has underwriter got the serial numbers of all equipment	YES	NO
6.	Are all items secured to the desk If YES, specify _____	YES	NO

PROTECTION OF PERSONAL INFORMATION

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

RISK INFORMATION

Disclosure: You are reminded of the need to disclose all material facts that are likely to affect the acceptance or assessment of this insurance. If you are in any doubt as to what constitutes a material fact, please consult your broker or The Hollard Insurance Company Ltd as failure to disclose or misrepresentation of a relevant fact may invalidate your insurance or result in it not operating fully.

Declaration: I declare that the information supplied in this questionnaire is, to the best of my knowledge and belief, correct and complete and that I have read the note headed "Disclosure".

Signature

Date