

COMMERCIAL 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 _____

FIRE

Building description				Number of storeys	
1. a. Wall construction	Brick	Iron	Asbestos	Wood	Other
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. a. Is woodworking done on the premises				YES	NO
b. How many machines in use	_____				
c. Are dust extractors connected to the machines				YES	NO
d. i. Is the floor swept regularly				YES	NO
ii. Frequency	_____				
e. i. Is spray-painting done on premises				YES	NO
ii. In properly separated booth				YES	NO
iii. In the open				YES	NO
7. Is the building separated with a perfect partition wall				YES	NO

8.	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		
9.		Are there raw materials used			YES	NO		
		State type						
10.		Any heating processes			YES	NO		
11.	a.	Any cooking or processing of food			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		
12.		Hot-work permit welding			YES	NO		
13.	a.	Is storage of goods done			YES	NO		
	b.	On shelves and/or racks			YES	NO		
	c.	Height						
	d.	Other – specify						
14.		Is there a risk of dust explosion			YES	NO		
15.		Is there sufficient space/passage between shelves and/or racks			YES	NO		
16.		Is there sufficient space between sprinkler tops and shelves/racks			YES	NO		
17.		Are fire extinguishers easily accessible			YES	NO		
18.		Are fire hydrants/hose reels easily accessible			YES	NO		
19.		Are all passages clear of stock and accessible			YES	NO		
20.		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			
21.		Are there fire escapes and are they clear and accessible			YES	NO		
22.		Distance to nearest fire station		km		Town		
23.		Staff trained to operate equipment			YES	NO		
24.	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)

25. Water pressure and supply		YES	NO
26. Superficial area of premises		YES	NO
27. LPG Gas installation compliance		YES	NO
28. Electrical Certificate		YES	NO
29. Thermax Infa Red Reports available		YES	NO
30. Certificate Inflammable Liquids Store		YES	NO
31. General housekeeping	Poor	Good	Excellent
32. Adjoining buildings:	_____		
a. Age and condition of building	_____		
b. Occupation	_____		
33. 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 all windows and doors fitted with burglar bars		YES	NO
4. Are there any fire extinguishers	YES	NO	Type _____
5. a. Wall construction	Brick	Iron	Asbestos
b. Specify "Other"	_____		
6. a. Roof construction	Tile	Iron	Asbestos
b. Specify "Other"	_____		
7. Any lightning protection		YES	NO
If YES, give details	_____		

PUBLIC LIABILITY (it is recommended that the Public Liability Questionnaire is completed)

1. Fully describe all the activities (occupation) of the Insured on the premises as well as the main source of income	_____		
2. Annual turnover of the business	R	_____	
3. What is the general condition of the buildings, carports, etc.	Good	Average	Worn
4. Does the Insured engage in production of any goods		YES	NO
5. Does the Insured engage in the distribution of any goods		YES	NO
6. Does the Insured engage in packaging of any goods		YES	NO
7. Does the Insured install any self-produced products		YES	NO

THEFT

For the purpose of all policy sections where theft cover is provided, burglar bars and security gates shall comply with the following minimum standards:	a. Round bar thickness at least 13 mm
	b. Flat bar – 25 mm x 5 mm
	c. Openings shall not exceed 150 mm x 100 mm
	d. Frame thickness at least 75 mm x 75 mm square tubing or similar
	e. Padlocks – at least 2 heavy-duty closed-shackle padlocks per door

1. Burglar alarm system:

a. Installed on the premises	YES	NO	b. Radio alarm	YES	NO
c. Linked to control room	YES	NO	d. Battery back up	YES	NO
e. Linked to armed response	YES	NO	f. Distance/reaction time	_____	
g. Distance from SAPD	_____				
h. Describe area protected	_____				

2. Name of security company _____

3. Name of installer _____ SAIDSA approved YES NO

4. a. Name of key-holder(s) to system _____

b. Distance from premises _____ Who activates on closing _____

5. a. Who reacts to the alarm when activated _____

b. Who resets the alarm when activated _____

7. Are all external windows protected by the alarm YES NO

8. Are all external doors protected by the alarm YES NO

9. Are all windows fitted with burglar bars YES NO

10. Are all external doors fitted with security gates YES NO

11. Are interior alarm devices installed for under-roof protection YES NO

12. Is ceiling/roof over premises made of concrete or metal construction Concrete Metal

13. Are security guards/watchmen employed to protect the premises YES NO

a. during business hours	YES	NO	State number of guards	_____	Armed	YES	NO
b. outside business hours	YES	NO	State number of guards	_____	Armed	YES	NO

14. Is a telephone or other means of communication available to the guards/watchmen _____

15. Are all external windows/doors fitted with burglar bars YES NO

16. Are display windows/glazed door panels burglar-barred, internal or external _____

17. Material of external doors Solid wood Metal Metal-covered Hollow-type

18. On which floor is the business situated _____

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) _____

GLASS

1. a. Is there any damaged glass insured at the time of providing cover YES NO
- b. If not, specify _____
2. Where are the premises situated Corner site, ground floor Street front, ground
 Shopping centre Not on ground floor
3. Does the Sum Insured make provision for alarm strips and or sign writing YES NO
4. Is Sum Insured adequate (represent replacement/building regulations) YES NO
5. a. Is the glass protected YES NO
- b. If YES, specify _____

BUSINESS ALL RISKS

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

GOODS IN TRANSIT

1. Does Insured transport own goods only YES NO
2. a. What is the mode of transport Road vehicles Couriers Rail Other
- b. If other, specify _____
3. Own vehicles used YES NO
- If YES:
- a. How many vehicles do you operate _____
- b. Description/Make of vehicles

- c. Are all vehicles fully enclosed YES NO
- d. Vehicle identification numbers etched on all windows YES NO
- e. The vehicle registration number and company telephone number painted on the cab roof YES NO
- f. Are alarms/immobilisers fitted YES NO
- Details _____
- g. Are any anti-hijacking systems fitted (i.e. Netstar, Tracker, Matrix, etc.) YES NO
- Details _____
- h. Are two-way radios/cell phones fitted YES NO
- Details _____
- i. Are tachographs fitted YES NO
- Details _____

4. DRIVER/CREW DETAILS

- a. How many drivers/crew are employed per truck
- | | | |
|--|---------|--|
| | Drivers | |
| | Crew | |
- b. What pre-employment investigations are carried out for drivers, crew, dispatch clerks and all staff with access to orders and deliveries
- _____
- _____
- _____
- c. Should overnight stops be necessary, what controls are used for truck and driver at such stops
- _____
- _____
- _____
5. What is the maximum value of any one load
- R _____
6. What is the value of the annual carry
- R _____
7. Are goods protected against
- | | | | | | | |
|-----------------------|--------|-----|---------|---------|--------------|----|
| | Theft | | Weather | | Other losses | |
| 8. Are goods prone to | Theft: | YES | NO | Damage: | YES | NO |
9. Give brief description of goods transported
- _____
- _____
- _____
10. How are goods packed
- _____
11. Are the goods marked (for example, using infra-red, ultraviolet markings or bar codes)
- _____
12. Do you operate a C.O.D. (Cash on Delivery) method of payment
- YES NO
13. Any contracting done
- | | | | | | |
|--|-----|----|--|---------------|--|
| | YES | NO | | How regularly | |
|--|-----|----|--|---------------|--|

ELECTRONIC EQUIPMENT

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

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.