



AXIS UNDERWRITING SERVICES PTY LTD
 AFS Licence No: 236650
 ABN 51 090 508 142
 Level 5, 90 Collins Street Melbourne Vic 3000

BACKPACKER-BOARDING HOUSE SURVEY REPORT

Insured:

Situation:

..... State: Postcode:

Gross Annual Turnover: \$ Years in business at this address: years

Current insurer Expiry date

Use of Building: Backpackers Hostel Boarding House
 Hostel for Elderly Hostel for mentally infirm
 Welfare/Emergency Student Accommodation

Other :

Is operator licensed ? Yes No By who?

Are premises licensed/approved? Yes No By who?

Do premises comply with all Council and Fire Brigade regulations? Yes No

Year Built Heritage listed: Yes No

Purpose built facility: Yes No Substantially renovated for purpose Other

Number of Stories: Single Double Other Number:

Condition of Building: Excellent Good Average Poor

Basis of Settlement: Indemnity Value Only Suitable for R & R Conditions

Nearest Neighbours: Adjoining < 5 m 5 – 10 m 10 – 20 m 20 m +

Single Tenancy Multiple Tenancy

Occupation of neighbour:

CONSTRUCTION

Walls:		Roof:		Ground Floors:	
Reinforced Concrete		Concrete		Concrete	
Brick		Tiles		Brick, Stone, Slate	
Masonry		Iron, Steel, Metal		Iron, Steel	
Asbestos		Masonry		Wood	
Iron		Asbestos		Earthern	
Wood		Alyaynite Sheeting			
Mixed		Wood			

			Upper Floors:	
Brick	%	Mixed	Concrete	
Wood	%	Brick	Wood	
Other	%	Wood		
		Other		

Frame:

Concrete, Brick, Stone	
Iron, Steel, Metal	
Wood 100%	
Wood (roof only)	

FIRE PROTECTION

Protection:

- No Protection
- Fully sprinklered 100%
- Partially sprinklered (min 50%)
- Hydrants & Hose Reels

- Fire Alarms
- Local
 - Back to Base
 - To Brigade

- Detection type
- Thermal
 - Smoke

Other Protection : _____

Extinguishers:

- Dry Chemical
- BCF
- CO2
- Water
- Foam

Last Day of Service: _____

Maintenance Contract? Yes No

Extinguishers on each floor? Yes No

Hard-wired detector in each accommodation room? Yes No

Number:

Is premises connected to town water? Yes No If no, what is water supply?

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Do higher than normal exposures exist in respect of:

Bush Fire Storm & Tempest Water Damage Cyclone Impact

Earthquake

Sea & Tidal Surge Lightning Explosion Malicious Damage

Other : _____

Is smoking allowed – In common areas? Yes No

– In accommodation rooms? Yes No

Housekeeping: Tidy Untidy Congested

Waste Disposal: Daily Weekly Accumulated

ACCOMMODATION How many accommodation rooms are there? _____ How many beds per room? _____

Proportion of rooms tenanted by permanent's? None All Some Percentage _____ %

KITCHEN FACILITIES

Is cooking allowed in rooms? Yes No

What kitchen facilities are in rooms? _____

Are guest kitchens provided? Yes No

Number & location of kitchens _____

List kitchen facilities/equipment _____

Protection within kitchen(s): Fire blanket Extinguisher Other

Kitchens cleaned - By Insured Outside contractors Other _____

Frequency of cleaning: _____ Frequency of ducting cleaning: _____

General cleanliness: Good Fair Poor

Is there any deep frying? Yes No

Are deep fryers thermostatically controlled? Yes No

ELECTRICAL

Fuses Circuit Breakers Board Clear Extension Cords

New Modern Old

Date of last Electrical Inspection?

SECURITY

External Doors:

Dead Bolts

Dead Locks

Other Key Locks

Padlocks

External Windows:

Bars/Grills

Locks

Burglar Alarms:

Local

Back to Base

Dedicated

Smoke

Other Security: _____

Security of office? _____ Guest/Resident Lockout time? _____ PM

SAFES

Safe 1:Fixed Floor Wall Free Standing Not applicable

Make & Type:

FIRE ESCAPES

For buildings other than single storey, is there an external fire escape from each above ground floor? Yes No

What is the construction of external fire stairs? Steel Timber Other _____

Are exits on each floor marked with battery back-up illuminated fire exit signs? Yes No

Emergency escape procedures posted – in all sleeping rooms Yes No

- in common areas Yes No

Are internal fire escapes provided Yes No

Self closing fire rated doors Yes No

Construction of internal fire escape stairwells? Double Brick / Block Brick Veneer Timber

Other _____

CLAIMS EXPERIENCE (Last Five Years)

Date of Loss	Loss Description	Incurred Amount
...../...../.....	\$.....
...../...../.....	\$.....
...../...../.....	\$.....
...../...../.....	\$.....
...../...../.....	\$.....
...../...../.....	\$.....
...../...../.....	\$.....
...../...../.....	\$.....

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GENERAL COMMENTS

Quality of Risk:

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Recommendations:

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Surveyed by: Date: