

HOSPITALITY SURVEY REPORT

Insured Name: _____

Trading As: _____

Situation: _____ State: _____ Postcode: _____

Current Insurer: _____ Current Expiry Date: _____ Occupation: _____

Year Built: _____ Heritage Listed: Yes No Last rewired: _____ Last re-plumbed: _____

Connected to town water: Yes No If no, water supply is? _____

Number of Stories: _____ Condition of Building: Excellent Good Average Poor

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

Single Tenancy Multiple Tenancy

Neighbour Occupation: to left _____ to right _____

CONSTRUCTION

External Walls: Brick/Concrete Iron Wood Asbestos/Fibro

If Mixed construction please detail percentages of each: Brick ___ % Wood ___ % Other ___ %

The Roof is? Concrete Tiles Iron, Steel, Metal Asbestos/Fibro

If other, please describe: _____

The Ground Floor is? Concrete Brick, Stone, Slate Wood Earthen

If other, please describe: _____

The Upper Floors are? Concrete Brick, Stone, Slate Wood

If other, please describe: _____

FIRE PROTECTION

Please tick if You have: Fully sprinklered (100%) Fire Hydrants Fire Detectors

Partially sprinklered Extinguishers Hose Reels

Fire Alarm connected back to the Fire Brigade or Alarm Monitoring Company? Yes No

Last Day of service: _____ Is there a Maintenance Contract? Yes No

FACILITIES

Swimming Pool/Spa Playground Mechanical Rides Child Care Facilities

Pub TAB Sky TV Juke Box ATM

Car Parking How many? _____

Pool Tables How many? _____

SECURITY

Are Crowd Control Staff engaged? Yes No

If YES, are Crowd Controllers: Employees Contractors

Do higher than normal exposures exist in respect of:

Bush Fire Storm & Tempest Flood Water Damage Cyclone Impact
 Earthquake Sea & Tidal Surge Explosion Malicious Damage

Other: _____

GLASS

Number of Windows: 1-5 5-10 10-15 15-20 21+
 Is there any Stained Glass? Yes No

Description: _____

MACHINERY

Please complete only if cover for machinery breakdown is required:

Number of Motors: Drink Fridges: _____ Portable Air Con Units: _____
 Coolrooms: _____ Fixed Room Air Con Units: _____
 Temprite Units: _____ Split Cycle / Ducted Air Con: _____
 Other Refrigerative: _____ Electric heating Units: _____
 Other Motors (Description and number): _____

TURNOVER / REVENUE

(Estimated for the next 12 months)

Accommodation \$ _____
 Bar Sales \$ _____
 Bottle Shop Sales \$ _____
 Kitchen / Restaurant \$ _____
 Entertainment \$ _____
 Gaming \$ _____
 Other \$ _____ Please specify: _____
TOTAL \$ _____

Actual Turnover \$ _____ (last 12 months)
 Actual Wageroll \$ _____ (last 12 months)
 Estimated Wageroll \$ _____ (next 12 months)
 No. of Employees Full-Time: _____ Part-Time: _____

INSURED'S EXPERIENCE

How many years has insured operated this business? _____ Years
 How many years at this location? _____ Years
 Previous hospitality experience? _____ Years

CLAIMS EXPERIENCE (Last Five Years)

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

Please attach a separate page if insufficient space provided

GENERAL COMMENTS

Quality of Risk:

Recommendations:

Completed by: _____ Date: / /

Title/Position: _____