



Commercial Strata Risk Questionnaire

(To be completed for all risks containing high hazard activities / processes)

Insured Name:

Risk Address:

New Business Renewal – Policy Number:

Construction:

	Building 1	Building 2	Building 3	Building 4
Walls				
Frame				
Roof				
Internal Separation				
- Material				
- Slab to Ceiling or Roof?				
Floors – Ground				
Floors – Upper				
Building age				
Zoning (industrial, commercial or residential)				

Services:

Electricity source	<input type="checkbox"/> Mains <input type="checkbox"/> Generator		
Switchboards	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
Date wiring installed		Date last thermo graphically tested	
Water source	<input type="checkbox"/> Town Main <input type="checkbox"/> Storage Tanks <input type="checkbox"/> Other – please specify below		
Town Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No – If used for processing, please provide details below		

Security Protection

Do security guards regularly patrol the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there perimeter fencing in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there external lighting in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	

Neighbouring Risks:

North Neighbour	
South Neighbour	
East Neighbour	
West Neighbour	

Occupancy:

Please provide a list of tenants and details of the activities / processes undertaken at the location.

Unit #	Building Number	Tenant activities / processes	*Are any of the following activities undertaken?							
			Wok Cooking (Y/N)	Deep Frying (Ltr)	Fibreglass (Y/N)	Wood working (Y/N)	Cool rooms % floor area	Welding (Y/N)	Upholstering (Y/N)	Polishing (Y/N)
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* Please refer to individual risk addendums at end of questionnaire

Flammables:

Are flammables (including paints and varnishes) used and / or stored? No Yes – please specify below
 Gases? No Yes – please specify below

Unit Number	Type	Class	Use	Quantity	How Stored

Flammable Liquids Store / Storage devices

Please provide detail of their construction

	Unit Number	Unit Number	Unit Number	Unit Number	Unit Number	Unit Number
Walls						
Floor						
Roof						
Fire Doors						
Electrical System						
Ventilation						

If other hazardous materials and chemicals are stored on site, please provide details below

Fire Protection

Extinguishers	
- Number installed	
- Date last serviced	
Hydrants	<input type="checkbox"/> Public <input type="checkbox"/> Private
Number of hose reels installed	
Fire Brigade	<input type="checkbox"/> Public <input type="checkbox"/> Volunteer <input type="checkbox"/> Private
- Distance from location	
- Response time	
Are automatic fire alarms installed	<input type="checkbox"/> Yes <input type="checkbox"/> No
- What are they connected to	
Are hard wired smoke detectors installed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are fire sprinklers designed to Australian Standard AS 2118 / AS 4118.2.1994 installed at the location?

Yes No

If “yes” please complete the following:

Date installed	
Type	<input type="checkbox"/> Single water supply <input type="checkbox"/> Double water supply
Regularly maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is maintenance agreement in force	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date last serviced	

EPS

Does any unit consist of sandwich foam panels? No Yes - please provide details below

Unit Number								
% of floor area								

Storage

Is any form of storage undertaken at the location? No Yes – please provide details below

Unit Number	Type of material stored	Method <small>(free standing, palletised, racks)</small>	Height

Management / housekeeping

Are all external areas clean and tidy? Yes No – please provide details below

Are all defined walkways, staircases, passageway, lobbies and fire escapes clearly marked and unobstructed?

Yes No – please provide details below

Are waste materials removed from premises daily? Yes No – please provide details below

Do smoking restrictions apply? Yes No

Are smoking and non smoking areas adequately signposted? Yes No

Building Plan

Please sketch brief plan setting out approximate position of buildings. Note: If more than 1 building please number each building on the sketch.



Risk questionnaire completed by:

Name:

Organisation:

Signature:

Date:

Please email fully completed risk questionnaire to gus@gus.com.au

Industry Addendums – per unit

Woodworking:

Are dust extractors fitted to all woodworking machinery? Yes No

Are waste materials removed daily? Yes No

List any house keeping measures implemented?

Note: If more than one unit undertaking this activity please provide separate responses for each unit

Cooking:

Does the fryer / wok have an automatic thermostat cut off? Yes No

Are the filters and flues cleaned by professionals? Yes No

How often are the filters and flues cleaned? Yes No

Note: If more than one unit undertaking this activity please provide separate responses for each unit