

Application Form for Self Storage Insurance



Note:

The information contained in this report is provided by the broker for preliminary risk assessment only. A full survey, if required, will need to be carried out by the insurer.

Client Details

Full Insured Name:
(including Trading Names & ABN No.)
(ABN No. must match ABN Website)

Full Street Address of the Property Insured: Suburb

State: Postcode Phone No ()

Business Description:

1. Construction

a) Walls:	Brick/Concrete	<input type="checkbox"/>	Iron	<input type="checkbox"/>	Other	<input type="checkbox"/>	
b) Roof:	Iron/Steel	<input type="checkbox"/>	Tile	<input type="checkbox"/>	Other	<input type="checkbox"/>	
	<i>Does roof have internal insulation?</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Skylights or Transparent Panelling?</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If so, corridors only?</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Floors:	Concrete	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Other	<input type="checkbox"/>	
	<i>Are there openings in the floor? (e.g. hatches, lift wells)</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Is there any Sandwich Panelling?							<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If "Yes", what type</i>						<input type="text"/>
	<i>If "Yes", what percentage of floor space</i>						<input type="text"/> %
e) Is there Asbestos?							<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Are you located in a Flood Area?							<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Asset Protection

a) Sprinklers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	b) Thermal/Smoke Detectors:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes" approx date installed</i>	<input type="text"/>	<i>Brigade connected</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Testing frequency</i>	<input type="text"/>		
c) Hydrants/Hose Reels:	<input type="checkbox"/> Yes <input type="checkbox"/> No	d) Extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Number</i>	<input type="text"/>	<i>Number</i>	<input type="text"/>
<i>Type</i>	<input type="text"/>	<i>Type</i>	<input type="text"/>
		<i>Service Frequency</i>	<input type="text"/>

3. Adjacent Premises

a) Occupancy/Type of Business:

b) Walls/Roof:

c) No. of Storeys:

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d) Approx Distance from your Boundary:

4. Additional Information

a) No of Storage Units: g) Approx Age of Premises:

b) No. of Storeys: h) Approx Dimensions (M²):

If greater than 2 storeys, is there any Aluminium Composite Panelling (ACP) Yes No

c) Any Lifts: Yes No i) Ducted Airconditioning: Yes No

d) Basement: Yes No j) Mezzanine: Yes No

e) Other Tenants: Yes No

If yes, provide details of Other Tenants (occupation, % floor space):

If yes, do you own the building?

Yes No

If yes, is your intention to insure your liability for property owner activities for other tenancies within this policy?

Yes

No (please ensure insurance is placed elsewhere)

k) Are shipping containers used as storage options? Yes No

If yes, what percentage of units are shipping containers?

%

l) Are portable/mobile storage units used as storage options? Yes No

If yes, what percentage of units are portable/mobile storage units?

%

m) State of Repair: Good Fair Poor

n) Glass Description: Office Only Yes No In Storage Building Yes No

o) Any External Signs: Yes No Fluorescent Yes No Freestanding Yes No

p) Is Storage Permitted in Open Air: Yes No Approximate Type/Value

q) No. of Employees: Clerical Other Total

r) Hours/Days Operating: Office Hours Weekdays Office Hours Weekends

s) Access Hours Outside Office Hours: Weekdays Weekends

t) Method of Access during Office Hours: Key Card Pin Number Manual/Key

u) Method of Access outside Office Hours: Key Card Pin Number Manual/Key

v) Additional Security: Is there a resident manager? Yes No

Is video monitoring installed? Yes No

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Is data logging of entry installed?

 Yes No

w) Are any Storage Units used to operate a business (this does not include the storage of business goods)?

 Yes No

If yes, provide details of businesses (number of Storage Units used to operate a business and business operations carried out):

Please note additional information may be required.

5. Processes & Plant

a) Power/Heating:

Power to Units

 Yes No

b) Type:

Electric

 Yes No

Natural Gas

 Yes No

Boiler

 Yes No

c) Storage:

Are flammable liquid, gas or oil such as petrol, kerosene, LPG aerosol, diesel fuel or engine oil permitted to be stored?

 Yes No

Are corrosive chemical or nitrate such as chlorine, sulphuric acid or fertiliser stored?

 Yes No

Are tobacco or cigarettes stored?

 Yes No

Is paint stored?

 Yes No

Are tyres stored in bulk?

 Yes No

Are motor vehicles stored?

 Yes No

If Yes

Has the battery been disconnected?

 Yes No

Is the petrol tank at least half full?

 Yes No

Is wine or alcohol stored?

 Yes No

If so, is the area temperature controlled?

 Yes No

d) Computers:

Type

Usage

Approx Value

Type	Usage	Approx Value
		\$

6. Management Systems

a) Thermoscanning. *

 Yes No

Active:

 Yes No

Comments:

b) Staff Fire Training

 Yes No

Active:

 Yes No

Comments:

c) Self Inspection Checklist

 Yes No

Active:

 Yes No

Comments:

d) Emergency Plan

 Yes No

Active:

 Yes No

Comments:

e) Contingency Plan

 Yes No

Active:

 Yes No

Comments:

f) Prevention Maintenance Plan

 Yes No

Active:

 Yes No

Comments:

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g) Hot Works Permit System * Yes No No Active: Yes No No Comments:

* Please refer Appendices for further information

7. Housekeeping

a) Standard: Excellent Good Fair Poor

b) Smoking: Allowed Anywhere Yes No

Special Areas/Time

8. Perimeter Security

a) Security: Alarm Installed Yes No No

b) Type: Local Back to Base Other Yes No

If "Other" please provide details

c) Fences: Perimeter Fence Sensors Yes No No Lighting Sensors Yes No No

Details

d) Distance from Security Base: Kilometres Minutes

e) Security Service: Yes No No

f) Name of Service:

g) Time Patrolled:

h) Security Fencing: Yes No No

i) Security: External Doors

External Windows

Skylights

Comments on Security System:

9. Sums Insured

Cover	Sum Insured
Reinstatement and Replacement Value of the Building(s)	\$
Replacement Value of the Contents	\$
Cost Price of Stock (e.g. locks, boxes, etc)	\$
Estimated Gross Revenue for the next Twelve (12) Months	\$



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Public Liability limit required	\$10,000,000	<input type="checkbox"/>	\$20,000,000	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Please Specify	\$

10. General Information

If "Yes" to any of the following below, please provide full details, including name of insurer, dates, amount in \$'s, reason for cancellation

a) Have you in the past 5 years

Made any claims(s) on an insurer for loss or damage Yes No

Had any insurance declined or cancellation, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer Yes No

Suffered any loss or damage which would have been covered by the proposed insurance company Yes No

b) Have your or any partner(s), shareholder(s) or director(s) of the business

Ever been declared bankrupt Yes No

Ever been involved in a company or business which became insolvent, subject to any form of insolvency, administration (e.g. liquidation or receivership) Yes No

Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions) Yes No

Been liable for any civil offence or pecuniary penalty (exceeding \$5,000) Yes No

c) Are there any other material facts or hazardous factors relating to risks to be insured or the proposer which should be disclosed to enable true assessment of the risk proposed before acceptance Yes No

Signed for and on behalf of and with the authority of all parties making this proposal

SIGNATURE:

DATE:

Important Notice

To ensure proper protection you, the insured, have various duties both before you enter into a new insurance as well as at renewal or whenever your risk changes. Failure to observe these duties could lead to the rejection of an otherwise valid claim.

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The Duty Of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the Insurance, and, if so, on what terms.

Your duty, however, does not require disclosure of matters:-

- that diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that your Insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

Examples of information which are relevant to Insurers are:-

- i) past claims experience;
- ii) a cancellation of a previous insurance policy or refusal by an Insurer to renew a policy previously held by you;
- iii) any unusual features of the subject matter of the insurance which might increase the likelihood of a claim under the policy.

If you are uncertain about whether or not a particular matter should be disclosed to the Insurer, please contact our office.

Non-disclosure:

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of claims or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Appendices

Important Information on Thermal Scanning

Electrical faults are a major cause of fires in commercial and industrial premises and continue to be a concern for business and insurers alike causes

Overloaded electrical switchboards and motors are a main contributor to fire damage but there are also other areas where fires start, namely poor/deteriorated/under-sized cabling, and faulty fixed installations and portable appliances a loose connection or overloaded circuit board, where the current flowing through the wiring encounters resistance at the connection, generating heat/sparking, and can start a fire, for instance:

- inside a switchboard;
- in the wall at the back of a power point;
- in a wiring junction box in the ceiling or above light fittings; as well as poorly installed cabling and old or damaged portable equipment are all fire hazards. Electrical “arcing” (or sparking) occurs where wiring insulation has been damaged by an external occurrence, which causes the copper conductors inside a cable to touch one another, or make contact with the metal case of an appliance.

Most electrical fires can readily be identified by smoke detectors and be extinguished easily at the early stages resulting only in minor damage, but if the fire occurs whilst the building is unattended, there is potential for a total loss.

Fire that occurs in a main switchboard results in loss of power to the building, therefore creating a dangerous environment for employees and customers and often resulting in business interruption, loss of income, as well as damage to property and inventory.

Prevention

Prevention is the key to avoiding the above type of fires from occurring in your premises.

Here are some tips to having a sound prevention strategy:

Switchboards – Conduct an annual thermographic scan. A thermographic scan can detect “hot spots” within the electrical switchboard (or any other major electrical equipment installations) and enable corrective action to be taken based on the severity of the “hot spot” detected.

Installation of monitored smoke detectors inside the switchboards are highly recommended to provide for an early alarm of a developing fire to provide quick extinguishment opportunities.

In addition, suitable hand extinguishers for combating electrical fires need to be located adjacent to the switchboards.

Switchgear – use only modern circuit breakers and residual current devices (RCDs) as they provide a far greater level of protection when compared with traditional ceramic fuses.

Cabling and fixed installation – check that electrical wiring is well ventilated and organised. Update old wiring as insulation will deteriorate, over-heat and crack over time and cause electrical short-circuits with serious consequences.

Portable appliances – Check for obvious signs such as damaged leads or old equipment that is in poor condition. Equipment not in use should be turned off at the power source (including mobile phone chargers). You should also test and tag portable electrical equipment in accordance with the Australian occupational health and safety standard AS3760.

Next Steps

Don't wait for an electrical fire to occur at your premises. Here are steps you can follow to ensure your electrical services are in good working order:

- Maintain them regularly and conduct annual Thermographic Scanning of your switchboards ask your licensed electrician to use thermal temperature assessment or thermograph scanning equipment.
- Replace ceramic fuses with circuit breakers and RCD protection.
- Engage a licensed electrical contractor or your own licensed electrician to inspect and check all areas on a regular basis.

If your premises are undergoing a renovation or refurbishment you should also consider the following:

- Review building/equipment electrical loads and prepare appropriate updated wiring diagrams (a single line diagram should be prepared as a minimum).
- Locate the major switchboards in fire resistive switch rooms and seal cable penetrations with appropriate fire stoppers.
- Install monitored smoke detectors inside the switchboards as well as underside the ceiling of the switch rooms.

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- Replace all old electrical wiring and use appropriate cabling specifications.
- Use cable trays to properly arrange wiring and ensure bulk cables have appropriate ventilation.
- Inspect all fittings throughout the building to ensure safe installation and prevention of overloading of circuits, and rewire as necessary.

What is Thermographic Scanning?

A hand held thermographic infrared scanner is used to scan your apparatus to provide detailed information on the temperature of various parts of the equipment against the surrounding ambient temperature levels. Thermal camera imaging is a form of infrared imaging. Thermographic cameras detect radiation in the infrared range of the electromagnetic spectrum (light) producing permanent photographic images of all objects as they stand out against cooler objects with actual temperatures recorded based on their heat generation. These photographs are used for subsequent analysis of variations and levels in temperatures, and kept as an evidence of the on-going electrical maintenance standards at the premises. In the case of electrical switchboards a thermal scanning or thermal imaging is used to detect “hotspots” that are not visible to the naked eye to prevent a switchboard fire.

“Please ensure this form is completed whenever hotworks such as; welding or grinding takes place on the site”.

Hot Works Permit

Date (of work)	
Building	
Work to be Done	
Special Precautions	
Fire Watch Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

The location where work is to be done has been examined, the necessary precautions taken and permission is granted for this work (see back of permit).

Permit Expires	
Signed	
Time Started	
Time Completed	

Work area and all adjacent areas where sparks might have spread were inspected for at least 30 minutes after the work was completed and no fire conditions were noted.

Final Check-Up Signed (where fire watch required)	
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Return this permit after work is completed to site manager for permanent office filing and review.

Check sheet

Sprinklers in Service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cutting and Welding Equipment in Good Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>

Within 10 Metres of Work

Floors swept clean of combustibles	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Combustible floors wet down, covered with damp sand, metal or other shields

Yes No

No combustible and flammable liquids

Yes No

Combustible and flammable liquids protected with covers, guards or metal shields

Yes No

All wall and floor openings covered

Yes No

Covers suspended beneath work to collect sparks

Yes No

Work on Walls or Ceilings

Construction non-combustible and without combustible covering

Yes No

Combustibles moved away from opposite side of wall

Yes No

Covers suspended beneath work to collect sparks

Yes No

Work on Enclosed Equipment

(Tanks, containers, ducts, dust collectors, etc)

Equipment cleaned of all combustibles

Yes No

Containers purged of flammable vapours

Yes No

Fire Watch

To be provided during and 30 minutes after operation

Trained in use of equipment and in sounding fire alarm

Yes No

Supplied with extinguisher and small hose

Yes No

Declaration

I am familiar with the S.A.A. Cutting and Welding Safety Code (AS1674.1)

Signed

Dated