



WESTERN PACIFIC INSURANCE LIMITED.
HEAD OFFICE. Level 1, Chester Building,
 Cnr Camp & Shotover Streets, Queenstown, New Zealand.
 P.O. Box. 1935, Queenstown.
 PH: (643) 409 2500. FAX: (643) 409 2600
 www.westernpacins.com
 Insurance Company Deposits File Number : N 00289

BACKPACKER / BOARDING HOUSE

SURVEY REPORT

New Business / Renewal		Inception Date:	
Insured:			
Business		Phone Number:	
Situation:		State:	Post Code:
How many years has the risk been operational?			
Has the situation been involved in any claims?			
If so, please provide details (Please attach separate schedule of claims if insufficient space provided)			
Year	Type of Claim	Cost	Insurer
		\$	
		\$	
		\$	
		\$	
Is smoking permitted on the premises?			

Property	
Construction Type	
Walls:	Floor:
Roof:	Is there any Asbestos in the building?
Age of Building?	Condition of Building?
General Surrounds?	
Gross Annual Turnover	\$

Accommodation	
How many rooms occupy building?	How many beds per room?

Kitchen
Is cooking allowed in rooms?
If so, what facilities are provided?
Are all kitchens protected with Fire blankets and extinguishers?

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Electrical	
Source: Mains / Generator	Switchboards: Open / Closed
Maintenance: Company / Contractors / Employees / Other	
General Conditions	
When was wiring installed?	
When was the last time all wiring was inspected?	

Sprinklered?	Yes	No
If 'Yes' regularly serviced?	Yes	No
Smoke detectors / alarm?	Yes	No
Hose reels?	Yes	No
If so, adequate number / type?	Yes	No
Fire extinguishers?	Yes	No

Deadlocks?	Yes	No
Double Deadlocks?	Yes	No
Steel Doors (Reinforced)?	Yes	No
Security lighting?	Yes	No
Security alarm?	Yes	No
- Local?	Yes	No
- Dialler?	Yes	No
- Securitel?	Yes	No
- Dedicated?	Yes	No

General Comments
Quality of Risk:



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Recommendations

Surveyed by:	Signed:
Date:	

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