

SURVEY REQUEST

(Insurance Surveying & Reporting)

Email: JP@ISR SERVICES.BIZ

Phone Number: (02) 9548 1825

Mobile Phone Number: 0419 108 889

Please conduct the following survey:

INSURED NAME _____

TRADING AS _____

SITUATION _____

SITUATION 2 _____

OCCUPATION _____

NAME OF PERSON TO MEET _____ PHONE NO: _____

BROKER NAME _____ PHONE NO: _____

REASON FOR SURVEY

- NEW BUSINESS PROSPECT
- RE-SURVEY OF CURRENT ACCOUNT EXPIRY DATE / /
- OTHER _____

SURVEY REPORT REQUIRED BY / /

TYPE OF SURVEY REPORT REQUIRED

- "ISR SERVICES" STANDARD
- "INSURERS" FORMAT

INSURANCE COVERS, please advise;

BUILDINGS	\$ _____	BURGLARY	\$ _____
CONTENTS	\$ _____	MONEY:	
PLANT & MACHINERY	\$ _____	- DURING BUSINESS HOURS	\$ _____
STOCK	\$ _____	- AFTER BUSINESS HOURS	\$ _____
BUSINESS INTERRUPTION	\$ _____	MONEY IN TRANSIT	\$ _____
BI INDEMNITY PERIOD _____ MONTHS		OTHER: _____	\$ _____
PUBLIC LIABILITY	\$ _____	_____	\$ _____
MACHINERY BREAKDOWN	\$ _____	_____	\$ _____

SURVEY REQUIRED FOR:

- ISR PACKAGE POLICY BUSINESS INTERRUPTION PUBLIC LIABILITY
- BURGLARY MACHINERY BREAKDOWN HOUSEHOLDERS OTHER

COMMENTS / INSTRUCTIONS / MAJOR CONCERNS _____

SURVEY REQUESTED BY: _____ OF _____

BRANCH / DIVISION _____ DATE / /