



# Questionnaire in respect of Alterations, Additions, Fit-out and Refurbishment

Intermediary Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

### 1. Contract Description


The project involves:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> An addition | <input type="checkbox"/> Refurbishment       |
| <input type="checkbox"/> Alterations | <input type="checkbox"/> Upgrade of services |
| <input type="checkbox"/> Fitout      |  |

Please describe


### 2. Details of the Pre-Existing Structure

How old is the Pre-Existing Structure  Years

The Pre-Existing Structure is currently used as a:

- |   |  |
|---|--|
| <input type="checkbox"/> Residential Building                             | <input type="checkbox"/> Office Building   |
| <input type="checkbox"/> Hotel  | <input type="checkbox"/> School or College |
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> Theatre or Cinema |
| <input type="checkbox"/> Factory  | <input type="checkbox"/> Warehouse         |
| <input type="checkbox"/> Store or Shop                                    | <input type="checkbox"/> Mixed Use         |
| <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> |  |

### 3. Proposed Work

- |   |
|---|
| <input type="checkbox"/> An addition to the side                          |
| <input type="checkbox"/> An extension to the top                          |
| <input type="checkbox"/> An addition to the underside or basement         |
| <input type="checkbox"/> General alteration or refurbishment throughout   |
| <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> |

Please give the dimensions and the number of floors


The proposed works involve:

- |  |  |
|--|--|
| <input type="checkbox"/> Footings  | <input type="checkbox"/> Brickwork             |
| <input type="checkbox"/> Structural Concrete   | <input type="checkbox"/> Structural Steelwork  |
| <input type="checkbox"/> Electrical Services   | <input type="checkbox"/> Hydraulics            |
| <input type="checkbox"/> Sprinklers  | <input type="checkbox"/> Ceilings              |
| <input type="checkbox"/> Mechanical Service  | <input type="checkbox"/> Painting & Decorating |
| <input type="checkbox"/> Fitout (partitioning and Fitments)  |  |
| <input type="checkbox"/> Floor Coverings <input style="width: 100px;" type="text"/>                |  |
| <input type="checkbox"/> Land or Boundary Stabilisation <input style="width: 100px;" type="text"/> |  |
| <input type="checkbox"/> Installation of computers and similar equipment                           |  |
| <input type="checkbox"/> Installation of other electrical or mechanical items                      |  |
| <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>                          |  |

### 4. Construction Methods and Materials

Are construction methods and materials used of a conventional nature Yes  No

If no, please describe


#### Plant and equipment

Construction Plant and Equipment that will be used for this Project:

- |   |  |
|---|--|
| <input type="checkbox"/> Mobile Crane                       | <input type="checkbox"/> Tower Crane             |
| <input type="checkbox"/> Materials Hoist                    | <input type="checkbox"/> Men and Materials Hoist |
| <input type="checkbox"/> Scaffolding                        | <input type="checkbox"/> Hoardings               |
| <input type="checkbox"/> Excavators / Backhoes and the like |  |

**If the project does not involve any in-ground work, Please go to question 5**

#### Subsoil Conditions

- |   |                                 |  |
|---|---------------------------------|--|
| <input type="checkbox"/> Rock   | <input type="checkbox"/> Gravel | <input type="checkbox"/> Sand          |
| <input type="checkbox"/> Clay   | <input type="checkbox"/> Shale  | <input type="checkbox"/> Filled Ground |
| <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> |                                 |  |

#### Civil Works Required

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Excavation   | <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Filling      | <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Piping       | <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Underpinning | <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Dewatering   | <input style="width: 100px;" type="text"/> |

### 5. Other Details

Will the project be watertight prior to the installation of components or items susceptible to water damage Yes  No

If no, please describe the measures to be taken to avoid damage


### 6. Construction Schedule and Values

	Anticipated period of work (months)	Cost
Civil work	<input style="width: 50px;" type="text"/>	A\$ <input style="width: 50px;" type="text"/>
Structure	<input style="width: 50px;" type="text"/>	A\$ <input style="width: 50px;" type="text"/>
Finishes	<input style="width: 50px;" type="text"/>	A\$ <input style="width: 50px;" type="text"/>
Fitout	<input style="width: 50px;" type="text"/>	A\$ <input style="width: 50px;" type="text"/>
Mechanical / Electrical	<input style="width: 50px;" type="text"/>	A\$ <input style="width: 50px;" type="text"/>
Hydraulic	<input style="width: 50px;" type="text"/>	A\$ <input style="width: 50px;" type="text"/>
Carpets	<input style="width: 50px;" type="text"/>	A\$ <input style="width: 50px;" type="text"/>
<b>Other</b>	<input style="width: 50px;" type="text"/>	A\$ <input style="width: 50px;" type="text"/>

*Please continue overleaf*

**7. Partial Hand Over**

If the contract provides for sectional hand over of completed sections, please indicate areas, values & times


**8. Sub-Contractors**

What work will be executed by Sub-Contractors?


**9. Insurance of the Pre-Existing Structure**

It is required that the existing structure is to be insured by:

- Material Damage covering consequences of construction operations only (Endorsement 5A)
- A Material Damage covering consequences of construction operations plus normal static cover (Endorsement 5B)
- A Third Party Liability cover only

The condition of the Existing Building being worked upon is

- Excellent       Good
- Poor             Dilapidated

Building Size  m Long x  m wide

Number of Storeys above ground

Number of Storeys below ground

Does the existing Building have any known defects  
Yes  No

If yes, please describe


To establish the condition of the existing structure, are any of the following available:

- Dilapidation Report
- Structural Engineers or Architects Report
- Photographs prior to construction
- Observations made by the proposed insured

--

**10. Style of the Existing Building**

**Footing**

- Strip                       Pad
- Bored Piers             Piles
- Slab on Grade

**Floor**

- Timber                   Concrete
- Steel Grid

**Roof**

- Metal                     Tile
- Concrete Slab         Build up membrane
- Pitched                 Flat
- Other

**Exterior Wall**

- Brick                     Brick Veneer
- Timber                   Masonry
- Glass                    Curtain Wall
- Precast panels         Metal cladding

**Framing**

- Timber                   Concrete
- Steel                     Masonry

What is the New Replacement Value of the Existing Building to be insured? \$

Will the Existing Building be subjected to structural change?      Yes  No

If yes, please indicate change

- Removal of Supports
- Additional Supports
- Modified Support System

Please describe


Is flame cutting or welding required  
Yes  No

If yes, what precautions are to be taken?

Is the Existing Building sprinkled  
Yes  No

If yes, will sprinkler remain active at all times?  
Yes  No

What other fire fighting facilities will be available at the construction site?

**Please attach any relevant drawings, construction schedules or sketches that will give a better appreciation of the project.**

Signature   
Name   
Date