**Request Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Request By – (Name):* |  | *Date of Request:* |  |
| *Requesting Company:* |  | *Policy/Ref No:* |  |
| *Requestor Phone:* |  | *Policy Due Date:* |  |
| *Broker Branch:* |  | *Survey Required by:* |  |
| *Broker Contact Name:* |  | *Broker Phone:* |  |
| *Broker Email:* |  | *NSRA Job No:* |  |

**Site & Contact Details:**

|  |  |
| --- | --- |
| *Insured Account Name:* |  |
| *Site Name (if different):* |  |
| *Site Address:* |  |
| *No. of Buildings:* |  |
| *Business Description:* |  |
| *Insured Contact Name:* |  |
| *Insured Contact Phone:* |  |
| *Insured Contact Email:* |  |

**Invoicing Details:**

|  |  |
| --- | --- |
| *Contact Name:* |  |
| *Company:* |  |
| *Postal Address:* |  |
| *Email Address:* |  |

**Occupancy Details:**

|  |  |  |
| --- | --- | --- |
| *Property Owner:* |[ ]  *Owner/Occupier:* |[ ]  *Tenant:* |[ ]
| *Previous Survey:* |[ ]  *Survey Date:* |  | *Survey Attached:* |[ ]

**Insured Values (Please attach schedule of values/sums insured for multiple sites):**

|  |  |  |  |
| --- | --- | --- | --- |
| *Building:* | $  | *Contents/Stock:* | $  |
| *Profits:* | $  | *Indemnity Period:* |  |
| *Money:* | $  | *Plate Glass:* | $  |
| *Public Liability:* | $  |  | $  |

**Brief Claims History (If Available):**

|  |
| --- |
|  |

**Special Requirements/Additional Information:**

|  |
| --- |
|  |

**Additional Information:**

*Please supply any additional information such as Thermographic Inspection Reports, Floor Plans, Fire Equipment Test Reports, etc. that will help the surveyor understand the risk and be better prepared when arranging the survey.*