

# UNOCCUPIED BUILDING CHECKLIST

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## CONTACT DETAILS

**Council Name**

**Contact Name**

First

Last

**Position**

**Email**

**Phone**

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## UNOCCUPIED BUILDING DETAILS

**Asset Type**

Office, Hall, Club etc

Please email a current photograph of the unoccupied location to [renewals@statewidemutual.com.au](mailto:renewals@statewidemutual.com.au)

**Address of building**

Street Address

Suburb

State

Post Code

**Council's intended use of the building****Declared replacement value - Building****Declared replacement value - Contents****Period of unoccupancy**From To **Level of cover requested**

- ☐ Indemnity
- ☐ Removal of Debris Only
- ☐ R & R

**Ownership**

- ☐ Council
- ☐ Council Controlled
- ☐ Other

**Historical significance**

- ☐ Yes
- ☐ No

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## CONSTRUCTION DETAILS

|                              | Walls                    | Floors                   | Roof                     |
|------------------------------|--------------------------|--------------------------|--------------------------|
|                              | W                        | F                        | R                        |
| Timber                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                              | W                        | F                        | R                        |
| Reinforced Concrete/Concrete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                              | W                        | F                        | R                        |
| Fibrous Cement               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                              | W                        | F                        | R                        |
| Brick                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                              | W                        | F                        | R                        |
| Metal Deck                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                 |                          |                          |                          |
|-----------------|--------------------------|--------------------------|--------------------------|
|                 | W                        | F                        | R                        |
| Galvanised Iron | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | W                        | F                        | R                        |
| Tile            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | W                        | F                        | R                        |
| Weatherboard    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | W                        | F                        | R                        |
| PVC             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please detail any other construction details not mentioned above



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## SECURITY DETAILS

Please select the security options applicable to this building

- ☐ Burglar Alarm
- ☐ Smoke Detector
- ☐ Hydrant
- ☐ Fire Alarm
- ☐ Security Fencing
- ☐ Fire Hose Reel Extinguisher
- ☐ Exit Signs
- ☐ Sprinkler
- ☐ Emergency Lighting
- ☐ Other

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## DESCRIPTION OF BUILDING

Please provide a description of the building

Is the building in a condition for immediate occupancy?

- ☐ Yes
- ☐ No

Are the premises in good condition?

- ☐ Yes
- ☐ No

If no, what pre-existing damage exists?

**Does Council carry out any inspections?**

- ☐ Yes  
☐ No

**If yes, by whom and how often?**

**Do these inspections include an internal check of the building?**

- ☐ Yes  
☐ No

**Does Council maintain the surrounding grounds?**

- ☐ Yes  
☐ No

**Are all utility services still connected to the building?**

- ☐ Yes  
☐ No

**SUBMIT**