



**360 Plant and
Equipment
Directional
Drilling
Questionnaire**



360 Plant and Equipment Pty Ltd **ABN** 85 087 238 837 AR 424918 is a corporate
authorised representative of SURA Pty Ltd **ABN** 36 115 672 350 **AFSL** 294313
Level 14 / 141 Walker Street North Sydney NSW 2060
PO Box 1813 North Sydney NSW 2059 T: 1800 411 580

Directional Drilling Questionnaire

We are unable to offer any cover for directional drilling greater than 100m irrespective of the direction of the drilling.

Name of Insured

Years in Business

Please advise details of all directional drilling insured items

Item	Description including Year, make, model and if drill unit is fitted	Year, Make, age of drill assembly	Where was drill manufactured	Is manufacturer still in business	Date of last 10 yearly inspection or rebuild	Type of registration and registration number, if applicable	Sum Insured
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$
9							\$
10							\$

Attach list if insufficient space.

What is the operators' years of experience with using this type of equipment?

What is the nature of work/activities completed over the past 5 years?

Please advise locations where you will be drilling.

Please advise the type of drilling being performed i.e. Vertical/Horizontal.

Please advise details of maximum drilling distance in any direction. **Note: drilling exceeding 100m is excluded.**

Is a geotechnical report on soil and strata composition provided for each project site?

Yes No

If yes, please provide details.

Are operators issued with a SOP (Safe Operating Procedures) Manual?

Yes No

If yes, please provide details.

Have you ever had any past claims involving drill rigs/directional drilling?

Yes No

If yes, please provide full details of circumstances, make and age of drill and amount of damage caused.

Please advise what fire prevention measures are taken to prevent loss from fire.

Please provide details of programs monitoring vibration noise levels.

Do you always 'dial before you dig'?

Yes No

If No, what do you rely on?

Provide full Description of Activities Undertaken and for which cover is required.

Provide Turnover generated by each activity undertaken by the Business, you require covered by this Policy.

Activity	Actual turnover last 12 months	Estimated turnover next 12 months
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

If insufficient lines please attach additional sheet detailing the above.





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Plant & Equipment

NSW

Suite 3, Level 18
201 Kent St
Sydney, NSW 2000

Level 14

141 Walker St
North Sydney, NSW 2060

The Forum, Level 3
240 Pacific Highway
Charlestown, NSW 2290

QLD

Suite 1, Level 22
345 Queen St
Brisbane, QLD 4000

WA

PO Box 864
Joondalup DC, WA 6919