

Block 1

Property Claims Insurance Restoration & Mitigation Services

Pre-Qualification Questionnaire

QBE Insurance (Australia) Limited (“QBE”) is calling for expressions of interest for the provision of insurance restoration and mitigation services across Australia, for both personal and commercial lines.

In line with our strategic focus on claims excellence, we’re looking to partner with providers who can deliver high-quality restoration & mitigation services and positive customer outcomes.

Restoration is the process of restoring damaged removable property to its former condition. Typically, this includes the removal, cataloguing and storage of content items from site.

Mitigation involves actions undertaken by the Restorer to minimise or reduce damage. It includes works for the extraction of contamination from buildings, floors, floor coverings, walls and fittings along with the installation of drying equipment required for the drying process completed onsite. In all instances minimising further damage is of highest importance to ensure the risk of any contamination is reduced and the wellbeing of the Customer is prioritised.

The below pre-qualification questionnaire is open to vendors who would like to express their interest, until 09.00 (AEST) on 15 April 2019.

At QBE’s sole discretion, vendor responses may be considered for a follow up Request for Proposal (RFP). Vendors who do not complete the questionnaire accurately and in full may not be considered for the RFP.

Should QBE decide to follow up with the RFP, invitations to participate would be issued to shortlisted vendors in May 2019.

Any enquiries relating to the pre-qualification questionnaire or RFP should be emailed to propertyRFP@qbe.com.

Mutual Non Disclosure Agreement

Q1.

QBE requires all participants of in this pre-qualification to enter into a Mutual Non-Disclosure Agreement (NDA). This document protects the privacy of your responses as well as the data provided by QBE as part of this process. Please review, print and sign the attached mutual Non-Disclosure Agreement (NDA) and attach it in full to this questionnaire (in PDF format only).

Company and Key Contact Details

Q2. Please enter the details requested below. Note all fields are mandatory.

Company Name:

Australian Business Number
(ABN)

Head Office Address:

City/Suburb

Postcode

Key Contact Name

Key Contact Email

Key Contact Mobile Phone

Property Claims Platform

Q3.

QBE requires all participants in this pre-qualification to be willing to utilise QBE PropertyLink (ENData) in order to be able to allocate work to suppliers. You will be responsible for any costs to integrate, connect and utilise.

Are you willing to utilise QBE's Property Claims platform for all claim transactions?

Yes

No

Company Volume and Annual Turnover

Q4.

Please advise annual gross revenue for 2018 in AUD?

Q5.

Please advise annual gross revenue for insurance restoration and mitigation services in 2018 in AUD?

Q6.

Please advise the total number of insurance restoration and mitigation jobs you managed in 2018?

Equipment

Q7.

Please indicate the number of equipment you lease or own:

All fields must be completed - please enter a number in each field, if zero please indicate zero

	Number Owned or Leased
Air Mover	<input type="text"/>
Air Scrubber	<input type="text"/>
Dehumidifier	<input type="text"/>
Dry Ice Blaster	<input type="text"/>
Fogger	<input type="text"/>

	Number Owned or Leased
Freeze Cleaning Machine	<input type="text"/>
High Pressure Cleaner	<input type="text"/>
Infrared/Thermal Camera	<input type="text"/>
Click Pumps/Water Extractor	<input type="text"/>
Ozone/Hydroxyl Machines	<input type="text"/>
Steam Clean Machine	<input type="text"/>

Services

Q8.

Please specify geographical coverage in each state:

	QLD	NSW/ACT	VIC	TAS	SA	WA	NT
Metro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9.

Please indicate service model utilized in each state:

	QLD	NSW/ACT	VIC	TAS	SA	WA	NT
Internal Trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracted Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10.

Please indicate if you provide after hours services for each state:

	QLD	NSW/ACT	VIC	TAS	SA	WA	NT
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11.

Please indicate type of restoration/mitigation services you provide in each state:

	QLD	NSW/ACT	VIC	TAS	SA	WA	NT
Water Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke and Fire Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storm Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour & Mould Rectification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	QLD	NSW/ACT	VIC	TAS	SA	WA	NT
Illicit Drug Testing and Mitigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mitigation Cleaning Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restoration - Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restoration - Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12.

Please indicate type of property you can perform services on in each state:

	QLD	NSW/ACT	VIC	TAS	SA	WA	NT
Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strata	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13.

Please indicate the number of staff in each state:

	QLD	NSW/ACT	VIC	TAS	SA	WA	NT
Total Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Restorers/Technicians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insurances**Q14.** Please enter the details of any insurances current at the time of responding

	Yes / No	If yes, please enter the dollar Value (in AUD) of cover (limit in each instance)
Public Liability	<input type="text"/>	<input type="text"/>

Block 9**Q15.** You have reached the last question of the survey. Would you like to submit?

- Yes
- If No, do not press submit response