



Salt Lake City Area Office
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Chicago Office
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GENERAL INSPECTION FORM

General Information

Insured's Name:
Address:
City: State: Zip:
Phone Number: Fax:
Application Date: Proposed Effective Date:
Name and Title of person interviewed:

Business Operations

- 1. How long has this business been operating at this location?
2. How long has the insured operated this business?
3. Business is doing business as:
4. Type of business:
5. Insured is: Owner Lessee Tenant
6. Number of Employees:
7. Business is: Corporation Partnership Sole Proprietorship Other
8. Hours of Operation:
9. Neighborhood is: Residential Business Rural Other
10. Neighborhood is: Stable Deteriorating Depressed Improving
11. Neighborhood is: Low Average Above Average High

Building

- 1. Age:
2. Number of Floors:
3. Construction:
4. Roof Cover:
5. Describe other occupants of the building:
6. Heating: Age Updated: Type Unit/Fuel:
Condition: Good Fair Poor
7. Electrical: Age Updated: Breakers or Fuses:
Condition: Good Fair Poor
8. Plumbing: Age Updated: Copper or galvanized?
Condition: Good Fair Poor

Fire (Protection and Exposure)

- 1. Distance to the fire department:
2. Name of the fire department:
3. Distance to the nearest hydrant:

4. Number and type of extinguishers: \_\_\_\_\_
5. Date of extinguisher's service tags: \_\_\_\_\_
6. Is the building fitted with sprinklers:  Yes  No If no, please explain \_\_\_\_\_
7. Any cooking?  Yes  No
8. Number of smoke detectors: \_\_\_\_\_
9. Flammables: \_\_\_\_\_
10. Adjacent exposures:
  - a. Front Feet to story building operated as: \_\_\_\_\_
  - b. Rear Feet to story building operated as: \_\_\_\_\_
  - c. Left Feet to story building operated as: \_\_\_\_\_
  - d. Right Feet to story building operated as: \_\_\_\_\_

**Liability**

1. Approximate square footage occupied by the insured: \_\_\_\_\_
2. Approximate square footage of parking available: \_\_\_\_\_
3. Public usable space: \_\_\_\_\_
4. Are the exits marked?  Yes  No
5. Is there emergency exit lighting with an independent power supply?  Yes  No \_\_\_\_\_
6. Are there any elevators?  Yes  No \_\_\_\_\_
7. Is there a swimming pool or other exercise/health facilities?  Yes  No \_\_\_\_\_
8. Is there any laundry equipment on the premises?  Yes  No \_\_\_\_\_
9. Are there any garages or outbuildings?  Yes  No \_\_\_\_\_
10. How many public exits are there? \_\_\_\_\_
11. Apartment risks only:  Number of Units  Number of tenants  Number of vacancies

**Burglary**

1. Alarm:  Central  Local  None
2. Does the premises have exterior lighting?  Yes  No \_\_\_\_\_
3. Are the locks dead-bolted?  Yes  No \_\_\_\_\_
4. Any past fire losses?  Yes  No \_\_\_\_\_
5. Any past liability losses?  Yes  No \_\_\_\_\_
6. Any past theft losses?  Yes  No \_\_\_\_\_
7. Is the neighborhood at high risk for thefts?  Yes  No \_\_\_\_\_

Remarks/Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspection Conducted by: \_\_\_\_\_ Date Inspected: \_\_\_\_\_