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: ____________________________