



Salt Lake City Area Office
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 877-452-6910

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: _____