

Property/General Liability Self Inspection

Your exposure is one that deems an inspection necessary. We require this form to be completed by you, the insured, to the best of your ability. We need this returned within 30 days of receipt, along with a photograph and diagram of your premises. Incomplete information will result in difficulties in assessing your insurance needs and may result in cancellation of coverage. Please be as thorough as possible.

Insured _____ Policy Number _____

Policy Period _____ to _____ Company _____

Location of Premises _____

Occupancy _____

Describe Operations & Experience _____

If Apartments: Number of Units _____ If Dwelling: Number of Family Units: _____

Are There Smoke Detectors in Each Unit? _____ **Mandatory Requirement**

Are There Carbon Monoxide Detectors in Each Unit? _____ **Mandatory Requirement**

Battery or Hardwired? _____ If battery, how often are they checked _____

Battery powered detectors MUST have batteries replaced every six months and a log maintained to document the battery replacement and testing of detectors functionality.

How long in Business? _____ How long at this Location? _____

Normal Hours of Operation _____

Construction of Building: Frame _____ Concrete _____ Steel _____ Other _____

Age of Building _____ Number of Stories _____ Sprinklered _____

Any cooking exposure? _____ Deep fat frying? _____ Hood & Duct system? _____

Type of Automatic Extinguishing System: Wet _____ Dry _____ **(if dry system-we must have a copy of the last certification showing that it is in good working order and up to code)**

**** ATTACH COPY OF SERVICE AGREEMENT ****

Smoke Detectors in Building? _____ Where Located? _____

Number of Fire Extinguishers _____ Type: Chemical _____ CO2 _____

Date Last Serviced (All extinguishers must be serviced annually) _____

Where are Extinguishers Located? _____

Central Station Burglar Alarm _____ Reports to where _____ Local Alarm System _____

Serviced/Installed by _____

Distance To Nearest Fire Hydrant: _____ Fire Station: _____ Water Source: _____

Nearby Occupancies: Type of Business, Construction and Distance to Insured's Premises:

North _____

South _____

East _____

West _____

Please provide updated information on the following if original construction of building is over 20 years.

Electrical:

Auto circuit breakers _____ Fuses _____ Conduit _____ Romex _____

Updated: _____

Heating:

Gas _____ Electrical _____ Oil _____ Woodstove _____ Forced Air _____ Hot Water _____

Updated: _____

Plumbing: _____

Updated: _____

Roofing:

Wood _____ Metal _____ Flat _____ Gable _____

Updated: _____

GENERAL LIABILITY EXPOSURES (IF APPLICABLE)

Services Provided _____

Estimated Annual Payroll _____ Estimated Annual Receipts _____

Estimated Cost of Subcontractors _____ Number of Employees _____

Area of Building _____ Other occupancies _____

If Daycare Facility: Licensed? _____ # Of Children Licensed for _____ Ages _____

Teacher/Child Ratio _____ Are background checks done? _____

Describe training given to employees _____

Trampolines? _____ All Outlets Covered? _____ Outdoor Play Area? _____ Fenced? _____

Type of Playground Equipment _____

PHYSICAL HAZARDS - Indicate General Condition of Each that Applies:

PLEASE EXPLAIN ANY ITEMS CLASSIFIED AS "POOR"

Good Poor N/A

Good Poor N/A

Stair Handrails

Hall Lighting

Emergency Lighting

Railings

Fire Exits

Illuminated Exits

Neighborhood

Panic Hardware

Stairways Enclosed

Smoke Detectors

Storage of Flammables

Fire Alarms

House Keeping

Trash Area

Gutters/Downspouts

Sidewalks

Storage Area

Floor Covering

Snow Removal

Additional

Remarks/Information _____

Inspection completed by:

Printed Name (Please state relationship if not Insured)

Signature of Insured

Date Signed

Thank you for taking the time to complete this form. Please attach photographs and diagrams and return as soon as possible. If you have any questions, please contact your insurance agent.