



GLS - Garage Liability Survey

Report Status: (Choose one value) []Productive []Non-Productive (Complete NPS section) []Pending

Survey Date: _____

Special Attention / Idiosyncrasies: _____ []Yes (describe) []No

Operations

Name / Title of Person Interviewed: _____

E-mail address for primary contact: _____

Insured is: (Choose one value)

[]Building Owner and occupies premises []Building Owner but does not occupy premises []Tenant

Length of Ownership / Years in Business: _____

Description of Operations:

Hours & Days of Operation (__to__ M-S): _____

Off-premises operations: (i.e. Sales, Service, Installation AWAY from this location) []No []Yes (describe)

Estimated annual sales: _____

Other tenants in building / premises: (Choose one value) []No []Yes (List tenants & Types of Occupancies)

Narrative:

Employee Classification

Dealer (Franchised / Non-Franchised - Auto, Motorcycle, RV, Truck - Excludes Snowmobile, ATV Residence Type Mobile Home Trailers)

>>Employees

>>># Class I-A (Proprietors, Partners, Officers, Salespersons, GM, Service Mgrs, All employees principally and furnished a covered vehicle): _____

>>># Class I-B (All other employees that do not qualify as Class I-A): _____

>>Non-Employees (Family Members / Long-Term Courtesy Car)

>>># Class II-A (Under age 25): _____

>>># Class II-B (Age 25 and over): _____

Non-Dealer (Public Parking Lots, Repair Shops, Service Stations, Storage Garages, Tow Truck Businesses, Trailer Dealers, Other Vehicle Not Licensed for Over-The-Road Use - ATV, Snowmobile & Residence-Type Mobile Home Trailer Dealers)

>>Number of Employees:

>>Estimated Payroll (\$):

>>Number of 1099 or Contracted Labor Utilized:

>>Estimate Cost (\$):

of Employee drivers age <25:

Insured / Employee training / certification: [] ASE Certification [] Factory Training [] Formal Education (Technical training) [] On-the-Job Training [] Other Certifications (Describe) [] None

Narrative:

Fire Protection - Premises - Common Hazards

Portable Fire Extinguishers present: []Yes []No

>>Serviced / tagged within last 12 months: []Yes []No []N/A

Building sprinklered: (Choose one value)

[]Yes - Combination wet / Dry []Yes - Dry System []Yes - Wet System []Other (describe) []No

>>Date of Last service: _____

Year Built: _____

of Floors (excluding basement): _____

Foundation: (Choose all that apply)

[]Basement - Full []Basement - Partial []Crawl []Slab []Stilts []None

HVAC systems: (Choose all that apply)

[]Boiler and piping only [] In Floor Radiant []Ventilation only []Unit AC - air cooled []Electric baseboard / wall unit []Rooftop unit []Chilled water with air handlers []Unit AC - water cooled

Forced warm air Steam / Hot water with radiators Chilled water with fan coil units Other (describe)
 Gas / Oil / Electric suspended units Steam / Hot water with unit heaters Evaporative coolers None
 Heat pump Thru-wall units Forced cool air

Location of Units: (Choose all that apply)

Floor Raised less than 8 feet Ceiling Suspended greater than or equal to 8 feet Separate room Other (describe)

Any CSST (Corrugated Stainless Steel Tubing) used for gas supply lines (not appliance connector):

Yes (describe) No

HVAC system deficiencies: (Choose all that apply)

New air-conditioning units New heating units Update heating units None
 New ductwork / pipes Update air-conditioning units Other (describe) Unknown

Overcurrent Protection: (Choose all that apply)

Circuit Breakers Fuses Other (describe) Unknown - Panels not Accessible

Electrical system deficiencies: (Choose all that apply)

Absence of GFCI outlets near water sources Frayed and/or Loose: wiring / sockets / switches Other (describe)
 Blanks / Knockouts Missing Fuses blowing / Breakers tripping None
 Excessive use of extension cords ITE Bulldog (Pushmatic) Panel
 FPE Stab-Lok Panel Panel Cover Missing

Interior / Exterior housekeeping: (Choose one value)

Good Other (describe)

Narrative:

Premises Liability

Interior / Exterior Illumination: (Choose one value)

Good Other (describe)

Interior / Exterior Walking Surfaces / Stairs / Steps: (Choose one value)

Good Other (describe)

Handrails provided for stairs / steps with 3 or more risers: (Choose one value)

Yes No (describe) No stairs / steps No stairs / steps with 3 or more risers

Clear & adequate aisle space maintained throughout risk: (Choose one value)

Yes N/A No (describe)

Emergency lighting on all floors: (Choose one value)

Yes Yes but non-functioning No No but not required by NFPA Life Safety Code

Exits unobstructed: (Choose one value)

Yes No (describe)

Exits properly marked by illuminated exit sign: (Choose one value)

Yes Yes but non-illuminated No No but not required by NFPA Life Safety Code

Gutters / Downspouts discharge away from walking / parking surfaces: (Choose one value)

Yes No (describe) No Gutters / Downspouts

Non-slip mats at main entrances / exits: (Choose one value)

Yes No (describe)

Snow & Ice procedures in place: (Choose one value)

Yes by insured Yes by contractor with Certificate of Insurance
 Yes by contractor without Certificate of Insurance No N/A (Region rarely receives snow/ice)

Dogs or Guns on premises: (Choose one value)

No Yes (describe)

Narrative:

General Exposures

Vehicles inside: (Choose all that apply)

N/A Parking Service or Repair Storage Other (describe)

>> Interior walls and supports protected against vehicle contact: (Choose one value)

N/A Yes (describe) No

Smoking controls for occupancy: (Choose one value)

Yes No

Compressors safely arranged & free of oil / grease / debris build-up (e.g. Garage, Manufacturing, Refrigeration etc.):

N/A Yes No (describe)

Hazardous Materials / Waste storage (e.g. Batteries, Chemicals, Tires, Waste Fluids etc.): (Choose one value)

N/A Yes (describe) No

>> Evidence of leakage or improper disposal: (Choose one value)

N/A Yes (describe) No

>> Removal of hazardous materials / waste by:

N/A Insured Licensed waste hauler Non-licensed waste hauler Other (describe)

Narrative:

Losses

Losses: (Choose one value)

No Yes (describe)