



Small Risk Survey

General

Report Status: (Choose one value)

- Productive Non-Productive (Complete NPS section) Pending

Survey Date: _____

Special Attention / Idiosyncrasies: (Choose one value)

- Yes (describe) No

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): _____

Estimated annual sales: _____

Other tenants in building / premises: (Choose one value)

- No Yes (describe - List of tenants / types of occupancies)

Fire Protection

Nearest Responding Fire Station (miles): _____

Nearest Hydrant ('): _____

Portable Fire Extinguishers present: (Choose one value)

- Yes No

>>Serviced / tagged within last 12 months: (Choose one value)

- Yes No

Detection / Alarm equipment: (Choose all that apply)

- Annunciator Panel Central Station Burglar Alarm Smoke detectors Heat detectors
 Manual Pull Alarm System Central Station Fire Alarm Automatic Fire Detection System None
 Audible / Flasher CO Detector Other (describe)

Building sprinklered: (Choose one value)

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

>>Serviced / tagged within last 12 months: (Choose one value)

- N/A Yes No Unknown - room inaccessible

Premises

Year Built: _____

of Floors (excluding basement): _____

Foundation: (Choose all that apply)

- Basement - Full Basement - Partial Crawl Slab Stilts None

Exterior wall construction: (Choose all that apply)

- Adobe Block Concrete tilt-up panels Siding Fiber Cement on Frame Siding wood on studs
 Brick on masonry EIFS on masonry Siding Fiber Cement on Masonry Solid Stone
 Brick on studs EIFS on studs Siding Half Log Stucco on masonry
 Brick solid Glass / metal curtain wall Siding metal / other on girts Stucco on studs
 Concrete block Insulated sandwich panel Siding metal / other on masonry None
 Concrete poured-in-place Native stone on masonry Siding metal / other on studs
 Concrete precast panels Native stone on studs Siding wood on masonry

Roof covering: (Choose all that apply)

- Aluminum Fiberglass shingles Slate Tin (terne)
 Asphalt shingles Fiberglass translucent panels Steel Wood shakes or shingles
 Built-up smooth Metal sandwich panels Steel porcelain coated Unknown
 Built-up tar and gravel / rock Mineral fiber Tile clay None
 Copper Single-ply membrane Tile concrete

Roof age (per contact): _____

Roof deck construction: (Choose all that apply)

- Flexicore Gypsum Metal Poured concrete Wood Other (describe) Unknown

Roof deck support: (Choose all that apply)

- Fire retardant insulation on steel Steel Beam Wood Truss
 Flexicore Steel Truss Other (describe)
 Steel Bar Joist Wood Joist Unknown

Evidence of roof leakage: (Choose all that apply)

- Ceiling discoloration Floor discoloration Other (describe)
 Ceiling support discoloration Furniture / Equipment discoloration / rusting None

>>Roof repair been completed: (Choose one value)

- N/A Yes No (describe)

Floor construction at grade: (Choose all that apply)

Flexicore Metal Poured concrete Wood Other (describe) Unknown

Floor construction above grade (i.e. multi-story structure): (Choose all that apply)

N/A Flexicore Metal Poured concrete Wood Other (describe) Unknown

Estimated total square feet of building: _____

Estimated total square feet occupied by insured: _____

Evidence of organic growth on structure (e.g. Mildew, Mold, Moss etc.): (Choose one value) Yes (describe) No

Condition of overall structure: (Choose one value) Good Other (describe)

Common Hazards

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

HVAC systems fuel: (Choose all that apply)

Coal Electricity Fuel Oil LP Gas Natural Gas Wood Other (describe) Unknown

HVAC system updates: (Choose all that apply) Yes No Unknown

HVAC service frequency: (Choose one value) Annually Every 2 years Other (describe) Never Unknown

HVAC system deficiencies: (Choose all that apply)

Corrosion Leaks Moveable Combustibles < 36" Other (describe)
 Excessive dirt / dust accumulation Major dents Rusting None

Overcurrent Protection: (Choose all that apply) Circuit Breakers Fuses Other (describe) Unknown - Panels not Accessible

Wiring: (Choose all that apply)

Conduit Knob & Tube Unable to determine
 Flexible Conduit (e.g. BX) NM or NMC (Non-Metallic Sheathed Cable e.g. Romex)

Electrical system updates: (Choose all that apply) Yes No Unknown

Electrical system deficiencies: (Choose all that apply)

Absence of GFCI outlets near water sources Frayed and/or Loose: wiring / sockets / etc. 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

Plumbing system updates: (Choose all that apply) Yes No Unknown

Plumbing system deficiencies: (Choose all that apply)

Floor drain back-ups Leaking pipes Leaking water tank Pipe corrosion Other (describe) None

Interior / Exterior housekeeping: (Choose one value) Good Other (describe)

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) N/A Yes 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

All 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

Building handicap accessible: (Choose one value) Yes No

Gutters / Downspouts discharge away from walking / parking surfaces: (Choose one value) Yes No (describe) No Gutters / Downspouts

Additional contracts with maintenance / service providers (e.g. landscaping, elevator service):
 Yes without Certificates of Insurance (describe) Yes with Certificates of Insurance No

Elevators on premises: (Choose one value)
 Yes - Covered by a service contract and Certificate of inspection posted
 Yes - Covered by a service contract Yes - No service contract & no certificate of inspection posted
 Yes - Certificate of inspection posted No elevators

Parking Lot / Garage: (Choose all that apply)
 Attended Self-park Common Leased Owned Valet-contracted Valet-employee None

Risk security features: (Choose all that apply)
 Alarm - Central Station Cameras (CCTV) Key Card / Pad Walking Guard - Un-Armed
 Alarm - Direct to Police Dead Bolts Panic Buttons Window security bars
 Alarm - Local Emergency Phones Security gates Other (describe)

Buzzer / Intercom system

Employee protective booth

Walking Guard - Armed

None

Dogs or Guns on premises: (Choose one value)

Yes (describe) No

Summary

Based upon the survey we consider the risk: (Choose one value)

Satisfactory - No deficiencies observed

Satisfactory with Recommendation Compliance

Unsatisfactory (describe)