INSURANCE SURVEY REPORTS

P.O. BOX 6817 ♦ WARWICK, RI 02886
TEL. (401) 398-2992 FAX (401) 398-2993
EMAIL: dennis@inssurveyrpts.com

Account No. .....
Company: .....
P.O. Address: .....
City & State: .....

SURVEY REQUEST

NAME OF RISK

.....

.....

LOCATION(S) TO BE SURVEYED

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.....

P.O.ADDRESS	POLICY NUMBER(S)
.....	..... ☐ New ☐ Renewal ☐ Prospective
.....	.....

TYPE OF BUSINESS	PERSON TO CONTACT	TELEPHONE NUMBER
..... ☐ Owner ☐ Lessee ☐ Tenant	.....	.....

UNDERWRITER	AGENT NAME & TEL. #	DATE REQUESTED	DATE REQUIRED
.....	.....		
.....	.....	.....	.....

WORKER COMPENSATION
- General ..... ☐
- Contractor ..... ☐

GENERAL LIABILITY
- CGL ..... ☐
- OL&T ..... ☐
- Products ..... ☐
- Professional ..... ☐

BURGLARY
- Merc. Open Stock ..... ☐
- Money & Securities ..... ☐

PHOTO SURVEY ..... ☐

PERSONAL PROPERTY
- Homeowner ..... ☐
- Tenant ..... ☐

COMMERCIAL PROPERTY
- Fire ..... ☐
- S.M.P. ..... ☐
- B.O.P. ..... ☐
- Bldg. _____
- Contents _____
- Restaurant ..... ☐
- Builder's Risk ..... ☐
- Appraisal ..... ☐

AUTOMOBILE
- Liability ..... ☐
- Physical Damage ..... ☐

GARAGE
- Liability ..... ☐
- Garage Keeper ..... ☐

LOSS CONTROL
- Service ..... ☐
- Rec. Follow-up ..... ☐

INLAND MARINE
- Contractor's Equipment ..... ☐

OTHER ..... ☐

UNDERWRITER'S COMMENTS (Specific Information Requested)

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