



Name of Account _____

Location _____

1. Is there a management office on the premises? Yes No
If yes, what are the hours of operation.

2. What type of management service is on the premises?

24/7 management office	9-5 management office	24/7 emergency telephone service
24/7 security service	Other: describe:	

3. What provision (s) have been made to report emergencies 24/7?

4. Is the town fire department equipped to fight a fire in this building? Yes No
Have there been fire drills? Yes No

5. Are all the tenants given evacuation diagrams with leases including renewal leases? Yes No

6. Are evacuation instructions posted outside each elevator on each floor? Yes No

7. How do the tenants dispose of their trash? (trash chutes from each floor, trash dumpsters, etc)? What is the entire routine including number of pick-ups and conditions at the time of inspection.

8. What type of fire/smoke protection do you have in the building? PLEASE CHECK TYPE:

SPRINKLERED:

OF FLOORS (Describe if need be):

UNITS and COMMON AREAS	COMMON AREAS ONLY
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If trash chutes are used are they 100% sprinklered?

SMOKE DETECTORS:

HARD-WIRED	HARDWIRED W/BATTERY BACK UP	BATTERY ONLY
UNITS and COMMON AREAS	COMMON AREAS ONLY	

*****IF BATTERY, is there a battery replacement program?

ALARM SYSTEMS:

CENTRAL STATION	LOCAL
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9. Describe any restaurant or mercantile occupancy in the building. Include the number of square feet involved.

Insured's Signature _____

Date

Agent's Signature _____

Date