

Inspection & Premium Audit Request Form

Date _____ Due Date _____ Special Trip Yes No ISI Customer # _____ Ordered by: _____

Insured Name _____ Policy # _____

D.B.A Name _____

Insured's Address _____ Location Address _____

Insured's City, State, Zip _____ Location City, State, Zip _____

Insured Contact _____ Insured Telephone # _____

Agent or Broker _____ Type of Business _____

Agent or Broker Address _____ Agent Telephone # _____

Agent or Broker City, State, Zip _____

Remarks, Instructions/Notes :

**TO ORDER AN INSPECTION – CHOOSE THE APPLICABLE COVERAGE'S FROM ONE OF SECTIONS 1, 2, 3 OR 4 AND SECTION A IF NEEDED.
 TO ORDER AN AUDIT – COMPLETE SECTION 5 only.**

<p align="center">1. HOURLY SURVEY – I</p> <p>Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Diagram <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CPP/BOP Package 02/03</p> <p><input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special</p> <p>Property/Fire 02</p> <p><input type="checkbox"/> Basic</p> <p><input type="checkbox"/> Basic Bldg. Only 02 <input type="checkbox"/> Basic Contents Only 02 <input type="checkbox"/> Bus. Income/Interrupt. 02</p> <p><input type="checkbox"/> Comm'l. Cooking Supplement 07 <input type="checkbox"/> Inland Marine 24 or 25 List Specific Coverage above in "Notes, Instructions"</p> <p><input type="checkbox"/> Earthquake Supplement <input type="checkbox"/> Spraybooth Supplement 31</p> <p>Reinspection (Attach original reports)</p> <p><input type="checkbox"/> Full Survey <input type="checkbox"/> Recommend. Check 44</p> <p><input type="checkbox"/> Workers' Compensation 06</p> <p>Liability</p> <p><input type="checkbox"/> Operations (M&C) 09/22 <input type="checkbox"/> Premises (OL&T) 08/23 <input type="checkbox"/> Liquor 30 <input type="checkbox"/> Garage 15/16 <input type="checkbox"/> Garagekeeper's Legal 17 <input type="checkbox"/> Broad <input type="checkbox"/> Dealer Open Lot 16 <input type="checkbox"/> Products 19 <input type="checkbox"/> Completed Op's 22 <input type="checkbox"/> Owners Cont. Prot. 22 <input type="checkbox"/> Other-List above in "Notes, Instructions" <input type="checkbox"/> Life Safety Supplement 32</p> <p><input type="checkbox"/> Commercial Auto 11 <input type="checkbox"/> Hired/Nonowned 11</p> <p>Crime 05 any below</p> <p><input type="checkbox"/> Mercantile Open Stock <input type="checkbox"/> Robbery In & Out <input type="checkbox"/> Money & Securities <input type="checkbox"/> Other-List in "Remarks-Instructions"</p>	<p align="center">2. BASIC SURVEY – B</p> <p>Photo..... <input type="checkbox"/> Yes <input type="checkbox"/> No Sketch..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> CPP/BOP Package B01 <input type="checkbox"/> Property/Fire B11 <input type="checkbox"/> Workers' Compensation B07 <input type="checkbox"/> Operations Liability (M&C) B08 <input type="checkbox"/> Premises Liability (OL&T) B09 <input type="checkbox"/> Liquor Liability 30 <input type="checkbox"/> Garage Liability B04/B05 <input type="checkbox"/> Commercial Auto B06</p> <p align="center">Supplements to the above "stand alone" reports</p> <p><input type="checkbox"/> Broad Form Perils <input type="checkbox"/> Special Form Perils <input type="checkbox"/> Plate Glass 37 <input type="checkbox"/> Earthquake <input type="checkbox"/> Inside/Outside Robbery 05 <input type="checkbox"/> Apartment/Condo/ Motel <input type="checkbox"/> Commercial Cooking BS03</p> <p align="center">3. RESIDENTIAL</p> <p><input type="checkbox"/> Personal Lines Inspection <input type="checkbox"/> Exterior Only 211A <input type="checkbox"/> Supplement <input type="checkbox"/> Interior/Exterior 210A</p>	<p align="center">4. TELEPHONE SURVEY</p> <p><input type="checkbox"/> Workers' Compensation B06 <input type="checkbox"/> Operations Liability B09 <input type="checkbox"/> Commercial Auto B06</p> <p align="center">5. AUDIT – A</p> <p><input type="checkbox"/> Physical <input type="checkbox"/> Pre-Audit <input type="checkbox"/> Phone <input type="checkbox"/> Consultation</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Code #</td> <td style="width:33%;">Description</td> <td style="width:33%;">Exposure</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p>Type Audit: WC -100 CPP-200 GL -200 AUTO-300 GARAGE 410 LIQUOR 200 COMPOSITE 200</p> <p>(circle one or more)</p> <p>Policy Effective Date _____ Policy Expiration Date _____</p> <p>Type Company _____</p> <p>ADDITIONAL COMMENTS:</p>	Code #	Description	Exposure																					
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<p>A. VALUATION COMMERCIAL</p> <p><input type="checkbox"/> Calculator/Square Foot Method 13 <input type="checkbox"/> Estimator 13 Estimated Value \$ _____</p>																										