

WHEN VISITING YOUR LOCATION LAST I NOTICED THE FOLLOWING

Date \_\_\_\_\_

PROACTIVE CLIENTS WITH RISK MANAGEMENT HAVE FEWER KILLED OR INJURED PEOPLE AND LESS PROPERTY DAMAGE

THIS IS A TEAM EFFORT AS WE WORK TOGETHER FOR LOWER PREMIUMS AND THE MANAGEMENT OF YOUR RISKS

Insured \_\_\_\_\_

Street \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

CPP Policy Number \_\_\_\_\_

YOUR POLICY PREMIUM CAN BE AFFECTED BY YOUR NEGLECT OF THESE ITEMS OR REPAIR OF THEM

WE ARE TRYING TO PRESENT YOU IN THE VERY BEST LIGHT TO THE UNDERWRITING INSURANCE COMPANY

THIS REPORT IS NOT DESIGNED TO BE A COMPREHENSIVE INSPECTION NO DO WE WARRANTY IT AS SUCH

IF YOU NEED ASSISTANCE WITH UNDERSTANDING THESE RISK FACTORS / NEED A REFERRAL TO ASSIST WITH REPAIR OR REPLACEMENT CALL US

**IF YOU HAVE QUESTIONS ABOUT THESE RISK FACTORS PLEASE LET US KNOW**

When the following items are cared for please notify us as this may help lower your risks for your organization and your premium

- Parking lot holes/cracks please repair Date completed \_\_\_\_\_
- Sidewalk cracks/holes please repair Date completed \_\_\_\_\_
- Roof replacement or repairs please care for Date completed \_\_\_\_\_
- Stain glass replacement or repairs please care for Date completed \_\_\_\_\_
- Glass replacement or repairs please care for Date completed \_\_\_\_\_
- Door replacement or repairs please care for Date completed \_\_\_\_\_
- Eve or down spouting replacement or repairs please care for Date completed \_\_\_\_\_
- Fire Extinguishers need to be checked and tagged Date completed \_\_\_\_\_
- Furnace room has flammable clutter that needs to be removed Date completed \_\_\_\_\_
- Mechanical room has flammable clutter that needs to be removed Date completed \_\_\_\_\_
- Missing handrail or needing repair please care for Date completed \_\_\_\_\_
- Missing electrical inspection for this year Date completed \_\_\_\_\_
- Missing heating and air conditioning inspection for this year Date completed \_\_\_\_\_
- Missing roof and down spout self inspection for this year Date completed \_\_\_\_\_
- Missing Alarm Certification for Central Station alarm completed** Date completed \_\_\_\_\_
- Missing Self audit forms from presentment of your risks for max premium reduction** Date completed \_\_\_\_\_
- Did your organization do the recommended fire drill this year ? Date completed \_\_\_\_\_
- Exit lights missing or not working please care for these Date completed \_\_\_\_\_
- Playground surface cover need care please care for this Date completed \_\_\_\_\_
- Playground equipment is in need of some repairs or replacement Date completed \_\_\_\_\_
- Some shrubs/trees need care so that branches do not fall and cause damage Date completed \_\_\_\_\_
- Need approved procedures and approved driver list for both volunteer and owned vehicles Date completed \_\_\_\_\_
- Need approved Sexual Misconduct procedures sent to our office for review Date completed \_\_\_\_\_
- Personal property inventory, digital copy can be filed with our office but must keep current Date completed \_\_\_\_\_
- Other risk factor** \_\_\_\_\_ Date completed \_\_\_\_\_
- Other risk factor** \_\_\_\_\_ Date completed \_\_\_\_\_

REMARKS

\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the above checked items and noted the date corrected or completed to reduce or risks

Date Signed \_\_\_\_\_ Signature of Person Qualified by position to Sign for Insured \_\_\_\_\_ Please also print name \_\_\_\_\_ Title/Position of Signer \_\_\_\_\_

WE TRUST YOU FIND OUR EFFORTS HELPFUL