



**LOSS CONTROL REQUEST FOR SERVICE
NORTH AMERICAN RISK SERVICES, INC. (NARS)**

ACCOUNT INFORMATION				
Risk Name:		Risk Contact:		
Mailing Address:		Contact Phone Number:		
Address to be Surveyed:				
Producer Name:				
Producer Phone Number:				
Date Ordered:			Due Date:	
Risk Website:				
New Business: <input type="checkbox"/>	Renewal : <input type="checkbox"/>	Risk Improvement service: <input type="checkbox"/>		Recommendation check : <input type="checkbox"/>
Policy Numbers:				
Est. Premium:			Policy Exp. Date:	
Classification of Operations (Type of Business):				
Attachments:				
NOTE TO UNDERWRITER: Check Coverage's for Which Survey is Required				
CASUALTY	PROPERTY	PERILS COVERED	CRIME	INLAND MARINE
<input type="checkbox"/> Work Comp	<input type="checkbox"/> Building Values \$	<input type="checkbox"/> All Risk \$	<input type="checkbox"/> Open Stock \$	<input type="checkbox"/> Builders Risk \$
<input type="checkbox"/> Gen. Liability	<input type="checkbox"/> Contents Values \$	<input type="checkbox"/> Water Damage \$	<input type="checkbox"/> Inside Robbery \$	<input type="checkbox"/> Installations \$
<input type="checkbox"/> Completed Operations	<input type="checkbox"/> Business Interruption / Time Element \$	<input type="checkbox"/> Burglary / Theft \$	<input type="checkbox"/> Outside Robbery \$	<input type="checkbox"/> Valuable Papers \$
<input type="checkbox"/> Products	<input type="checkbox"/> Plate Glass \$	<input type="checkbox"/> Collapse \$	<input type="checkbox"/> Safe \$	<input type="checkbox"/> Contractors Equipment \$
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Deductible \$	<input type="checkbox"/> Sprinkler Leak \$	<input type="checkbox"/> Money & Securities \$	<input type="checkbox"/> Accts. Rec. \$
<input type="checkbox"/> Auto PD	<input type="checkbox"/> Insurance to Value \$	<input type="checkbox"/> Flood \$	<input type="checkbox"/> EDP \$	<input type="checkbox"/> Other \$
<input type="checkbox"/> Garage Keepers Legal Liability	<input type="checkbox"/> Diagram \$	<input type="checkbox"/> Earthquake \$	<input type="checkbox"/> Furriers Bailee \$	
	<input type="checkbox"/> Photos \$	<input type="checkbox"/> Transportation \$	<input type="checkbox"/> Other Named Perils \$	
	<input type="checkbox"/> Verbal Call in needed \$	<input type="checkbox"/> Records \$		
UNDERWRITER SPECIAL QUESTIONS:				
Requested by:			Telephone :	
			Email:	



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ADDITIONAL LOCATIONS			
Location #2 Address:			
Contact Name:		Contact Phone Number:	
Description:			
Location #2 Values:		<input type="checkbox"/> Building: \$ <input type="checkbox"/> Contents: \$	
Location #3 Address:			
Contact Name:		Contact Phone Number:	
Description:			
Location #3 Values:		<input type="checkbox"/> Building: \$ <input type="checkbox"/> Contents: \$	
Location #4 Address:			
Contact Name:		Contact Phone Number:	
Description:			
Location #4 Values:		<input type="checkbox"/> Building: \$ <input type="checkbox"/> Contents: \$	
Location #5 Address:			
Contact Name:		Contact Phone Number:	
Description:			
Location #5 Values:		<input type="checkbox"/> Building: \$ <input type="checkbox"/> Contents: \$	
Location #6 Address:			
Contact Name:		Contact Phone Number:	
Description:			
Location #6 Values:		<input type="checkbox"/> Building: \$ <input type="checkbox"/> Contents: \$	
Location #7 Address:			
Contact Name:		Contact Phone Number:	
Description:			
Location #7 Values:		<input type="checkbox"/> Building: \$ <input type="checkbox"/> Contents: \$	