



**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 Web site:				
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 (ITV)	<input type="checkbox"/> Flood		<input type="checkbox"/> EDP \$
<input type="checkbox"/> Garage Keepers Legal Liability	<input type="checkbox"/> Diagram	<input type="checkbox"/> Earthquake		<input type="checkbox"/> Transportation \$
	<input type="checkbox"/> Photos	<input type="checkbox"/> Other Named Perils		<input type="checkbox"/> Records \$
	<input type="checkbox"/> Verbal Call in needed			<input type="checkbox"/> Furriers Bailees \$
UNDERWRITER SPECIAL QUESTIONS:				
Requested by:		Telephone :		Email:



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