

MULTI PERIL S/F

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RESEARCH TECHNICAL SERVICES

Acct. #: 9999
Acct. Name: YOUR INSURANCE CO, INC
Policy #: AAA1111
Due Date:

Insured: MOMMA'S HOME COOKIN'
Survey Address: 1234 S MAIN STREET
City/State: NOWHERE, SC 99999
Contact: CINDY DOE

SYMBOLS O COMMENTS/RECOMMENDATIONS □ SATISFACTORY △ NOT APPLICABLE OR NONE

OPERATIONS INSURED

1. Entity: □ Corporation □ Partnership Individual 4. Experience: in this business 9 Yrs.
2. Insured is building: □ Owner Lessee □ Tenant 5. At this location 9 Yrs.
3. Insured's business at this location SMALL HOMESTYLE RESTAURANT - LIMITED HOURS

CONSTRUCTION

□ Fire Resistive □ Noncombustible □ Ord. Joisted Frame □
Age 20 Height 1 Stories Basement □ Yes No
Roof Cover: □ Tar/Gravel Composition □ Shingles □ Metal □
Exterior Walls: □ Masonry Wood Frame □ Metal □ Concrete □
Vertical Openings Protected □ Yes □ No N/A Fire Division □ Yes □ No N/A

COMMON HAZARDS & CONDITIONS

PROTECTION

SYMBOL: O □ △ SYMBOL: O □ △ SYMBOL: O □ △
Heating System Age 9 Yrs. Maintenance Public: Private:
Electrical System Age 9 Yrs. Congestion Paid Fire Dept. NOWHERE Smoke Detector
Plumbing System Age 9 Yrs. Housekeeping Part Paid Class Nearest Hyd. 300 Ft. Sprinkler
Combustible Storage Smoking Controlled Volunteer Dist. To Station 4 miles Alarm
Extinguishers

HAZARD & CONDITIONS OF PREMISES

EXTERIOR	SYMBOL: O □ △	INTERIOR	SYMBOL: O □ △
Roof, Gutters, Chimneys, Antennas.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Ceilings, Walls, Furnishings.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Signs, Awnings, Balconies.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floors, Floor Coverings, Aisle-ways.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Sidewalks, Grates, Entryways.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Stairs, Handrails.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Stairs, Handrails, Fire Escapes.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Storage and Workrooms.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Parking Lot, Drives, Curbs.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Exits.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Lighting.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Lighting.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Swimming Pool.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Housekeeping, Maintenance, Congestion.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Fences, Yard, Glass.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Laundry Room.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Garages, Out Buildings.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Elevators.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

MISCELLANEOUS HAZARDS

Welding. Flammable Liquids.

EXPOSURES

Direction	Construction & Height	Occupancy	Distance
North	MAIN STREET	-	30'
South	WOODS	NO EXPOSURE	50'+
East	WOODS	NO EXPOSURE	100'+
West	WILLOW RD	-	60'

COMMENTS

SMALL RURAL RESTAURANT WITH LIMITED HOURS OF OPERATION. SEE REMARKS ON EXTINGUISHERS AND ANSUL SYSTEM.

PREVIOUS LOSSES YES NO UNKNOWN

You agree this report is used for purposes permitted under the fair Credit reporting act. This report is based on observations and information by others for the fee charged. We do not assume liability arising from the Use of this report by you or others. © SF07 9/05 FIELD REP. : JOHNNY INSPECTOR Date Surveyed: 10/26/06

**MULTI PERIL S/F
COMMENTARY**

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RESEARCH TECHNICAL SERVICES

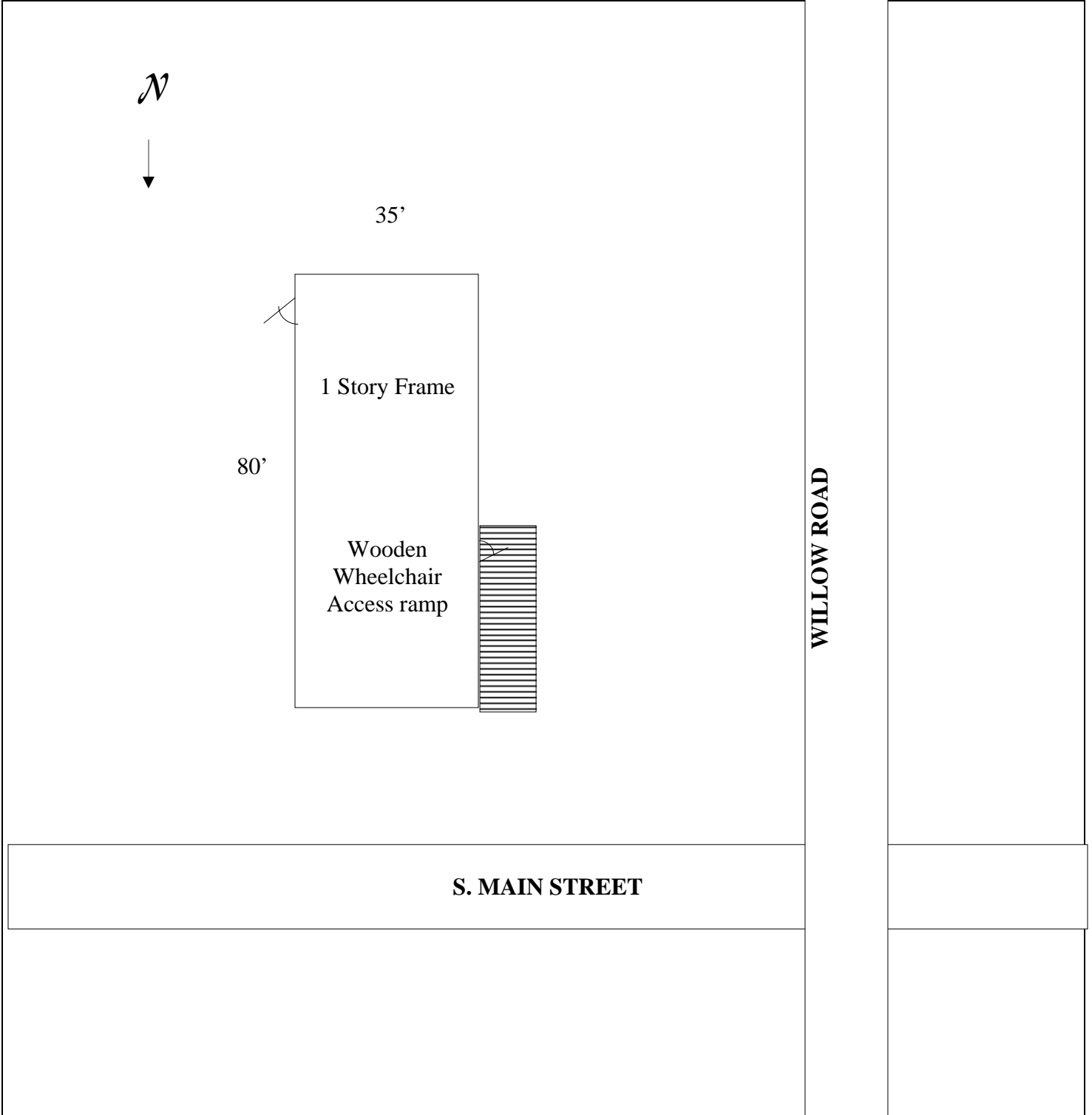
Policy#: AAA11111

Insured: MOMMA'S HOME COOKIN'

SCALE = 5

FEET PER SQUARE

TOTAL SQUARE FOOTAGE: 2800



Commentary	R T S	RESEARCH TECHNICAL SERVICES
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Acct. Name <u>YOUR INSURANCE CO, INC</u>	Survey Address: <u>1234 S MAIN STREET</u>	
Policy #: <u>AAA11111</u>	City/Sate: <u>NOWHERE, SC 99999</u>	
Due Date:	Contact: <u>CINDY DOE</u>	
Special Attention:		
1) PROTECTIVE DEVICES?: 2 Fire Extinguisher - Mounted and visible. One NO TAG, the other has a tag date of 12/04.		
2) Ansul system with manual shutoff - Tag date also expired - 12/04. Burglar alarm is local gong. No fire alarm.		
3) Hood and filters appeared clean and free of grease buildup. The insured states that she cleans the hood and equipment		
4) weekly. Sales are approx \$60,000/yr. No alcohol, dance floor, live entertainment, pool tables or amusement devices.		
General	The Business Name Is: <u>MOMMA'S HOME COOKIN'</u>	
THE INSURED IS A: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>		
The Owner <input checked="" type="checkbox"/> Officers <input type="checkbox"/> Are As Follows <input type="checkbox"/>		
Title: <u>OWNER</u>	Name <u>CINDY DOE</u>	
Title: _____	Name _____	
Title: _____	Name _____	
THEY <input type="checkbox"/> OWN <input checked="" type="checkbox"/> LEASE Their Building. They Have Been In Business For <u>9</u> YEARS Current Location for <u>9</u> YEARS		
The Business Operation Is: <u>SMALL HOMESTYLE AMERICAN RESTAURANT. NO ALCOHOL SALES. THEY ARE OPEN FRIDAYS AND SATURDAYS ONLY, FOR LOCAL CUSTOMERS OF NOWHERE SC. THE OWNER, A COOK, AND ONE EMPLOYEE OPERATE THE RESTAURANT.</u>		
The Tenant Operation Is: <u>SAME</u>		
Hours Of Operation <u>FRIDAY</u> To <u>FRIDAY</u> <u>11:00</u> AM TO <u>7:00</u> PM		
SATURDAY: <u>11:00</u> AM TO <u>7:00</u> PM SUNDAY <u>N/A</u> AM TO <u>N/A</u> PM		
Construction <u>ONE STORY WOOD FRAME BUILDING WITH WOOD SIDING AND COMPOSITION SHINGLE ROOF.</u>		
<u>THERE IS A WHEELCHAIR ACCESS RAMP MADE OF WOOD AT THE FRONT ENTRANCE. THE BUILDING WAS CONVERTED FROM A RESIDENCE 9 YEARS AGO, UPDATES TO ALL SYSTEMS WERE MADE AT THAT TIME.</u>		
Conditions/hazards The (name). <u>NOWHERE</u> Fire department will respond to this business.		
They are located <u>4</u> Miles away. A fire hydrant is located <u>300</u> Feet from the building.		
The _____ <input type="checkbox"/> police <u>NOWHERE CO</u> <input checked="" type="checkbox"/> sheriffs department will patrol this area.		
The bldg. Is equipped with (#) <u>2</u> Fire extinguishers. They have a tag date of <u>12/03</u> (month/year). (must not be over 1 year)		
Mounted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Alarm systems: <input checked="" type="checkbox"/> burglar <input type="checkbox"/> fire connected: to <input checked="" type="checkbox"/> local gong <input type="checkbox"/> central station		
<input type="checkbox"/> none <input checked="" type="checkbox"/> none <input type="checkbox"/> none <input type="checkbox"/> none		
If ansul system: tag date <u>12/03</u> (6 months max). Brand name: <u>Protex II L6000</u>		
Under contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
Hazards: <input type="checkbox"/> trash/debris <input type="checkbox"/> junk <input type="checkbox"/> flammables <input type="checkbox"/> housekeeping <input type="checkbox"/> welding <input type="checkbox"/> lighting <input type="checkbox"/> painting <input type="checkbox"/> exits not marked		
<input type="checkbox"/> Other _____		
Losses <input checked="" type="checkbox"/> None <input type="checkbox"/> _____		
Recommendations		
Year/Month	Rec. No	Recommendation
<u>00-00</u>	<u>00</u>	
<u>06/10</u>	<u>1</u>	<u>The automatic extinguishing system protecting the hood, duct, and cooking surface should be serviced by a qualified extinguisher service company, on a semi-annual basis to assure its proper operation in the event of a fire.</u>
<u>06/10</u>	<u>2</u>	<u>All fire extinguishers should be recharged by a qualified extinguisher service company, now and annually hereafter to improve the private protection.</u>
DATE: <u>10/26/06</u> INSPECTOR: <u>JOHNNY INSPECTOR</u>		
ADDITIONAL COMMENTS: <u>Owner appears very mindful of safety and cleanliness in her operation, she indicated that she would contact the service company to address the fire extinguishers and ansul system that day.</u>		

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PHOTOS



FRONT LEFT

