



Confidential

IAO All Risk
 (Now available through the IAO Web-site; www.iao.ca)
INSPECTION REPORT

Supplement/s attached: Yes No

1.0 BASIC INFORMATION			
Insured:		Policy Number	
Date of survey (YYYY/MM/DD):	2002/04/03	IAO Loss Control Specialist:	Paul Yeung
Person Contacted:	Louise McNeeley	Telephone No.	(416) 977-8353
Position	Director		
Mailing Address if Different for risk:			IAO AIS No.: 70413142
	(unit # street # & name)	(City, Town, Village)	
Location Surveyed:	20 Queen St. W., #900, (unit # street # & name)	Toronto, (City, Town, Village)	Ontario (Province) M5H 3R3 (postal code)
Secondary address (If any)			(Province) (postal code)
	(unit # street # & name)	(City, Town, Village)	
IBC Territory Code	88	IBC Building Code: 6610	SR/MA File No.
Underwriter:		Broker:	

SAMPLE

The **IAO Risk•Score** and comments contained in this report are based on conditions and practices observed during our survey and other pertinent data supplied by management personnel at the risk.

Recommendations in this report are made to point out those areas where remedial action could have the beneficial effect of making the above premises safer, and thus more desirable from an underwriting standpoint.

Thank you for choosing IAO to perform this inspection. Please do not hesitate to contact us if we can be of any further assistance.

2.0 IAO Risk•Score

	1	2	3	4	5	6	7	8	9	Comments
Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>The building is in good condition for its age.</i>						
Liability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>No trip and fall hazards were noted.</i>						
Crime	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Physical protection appears to be adequate.</i>						
	<i>(1=Excellent & 9=Poor)</i>									

RISK ALERT ISSUED : Yes No If yes, describe (A risk alert is a telephone notification to the Inspection requestor, of a situation which could imminently cause a serious loss. A Critical Recommendation will be issued to address the situation.)

Committed to Service Excellence

IAO reports, prepared in compliance with commonly accepted risk control standards existing at the time services are rendered, are developed from an inspection of the premises and/or from data supplied by or on behalf of the Purchaser. IAO does not purport to list all hazards. While changes and modifications referred to in the reports are designed to upgrade protection and loss prevention of the premises, IAO assumes no responsibility for management and control of these activities. IAO will not be responsible to the Purchaser for any losses or damages, whether consequential or other, however caused, incurred or suffered, as a result of the services being provided.

Meaning of the IAO Risk-Score: The IAO Score is a grading of the risk inspected versus other risks in this class. Similar to the "Commercial" Fire Protection Grading system in design, there is range of 9 categories, with a grading or "score" of 1 being the most desirable. The IAO Score is based on a number of objective criteria pertaining to the risk at the time of our survey, tempered with the experienced judgement of our Loss Control Specialist. As a general guideline, the scores mean the following criteria:

1-3	Risks in this range are well maintained, with no apparent moral hazards or management problems. Undesirable features are non-existent and recommendations, if any, are minor. Risks in this category are excellent (no deficiencies) to better than average for their class.
4-6	The maintenance of Risks in this range is considered average. Moral hazards are not apparent, but there may be possible management problems (e.g. poor housekeeping). Undesirable features noted are correctable, and recommendations will vary from desirable to important. Risks in this category are considered average for their class.
7-9	Risks in this range tend to be poorly maintained. Moral hazards and management problems (e.g. poor housekeeping and maintenance, poor attitude) are evident. Significant undesirable conditions are present and cannot or will not be corrected. Critical Recommendations may be present. Risks in this category are significantly below average for their class with little or no indication for improvement.

3.0 REMARKS

1. The risk is located in busy and well established area on the north side of Queen St. W. just west of Yonge Street in downtown Toronto. The is well maintained. Insured premises are well kept. Good walking surfaces were evident throughout. Housekeepng is good.
 Portable fire extinguishers and fire hose cabinets are standard.
 The risk is protected by a fully automatic wet sprinkler system, however, the sprinkler system was neither tested nor evaluated at the time of the survey. A complete sprinkler report is available upon specific request to IAO/UAB.
 Physical protection for the risk appears to be adequate.
 No unusual features and conditions were noted at the time of inspection.
 The contact was co-operative and is interested in loss control.

SAMPLE

4.0 RECOMMENDATIONS

Please note that these recommendations are classified as either **Critical**, **Important**, or **Desirable Improvement**. "Critical" recommendations as those aimed at correcting undesirable feature/s which, if left unattended, could cause a serious loss and should be rectified immediately. This class of recommendation is only used in extreme situations. "Important" recommendations are intended to highlight undesirable feature/s which if left unattended, could cause a serious loss and should be rectified as soon as possible. "Desirable Improvement" recommendations are those aimed at correcting an undesirable feature which can be improved when feasible, to help reduce the risk of a loss.

Listed below or None

02-1	<input type="checkbox"/> Critical <input type="checkbox"/> Important <input type="checkbox"/> Desirable Improvement

02-2	<input type="checkbox"/> Critical <input type="checkbox"/> Important <input type="checkbox"/> Desirable Improvement

02-3	<input type="checkbox"/> Critical	<input type="checkbox"/> Important	<input type="checkbox"/> Desirable Improvement

5.0 OCCUPANCY INFORMATION (IBC Occupancy Code 8111)

The Insured is

<input type="checkbox"/> Owner Occupant	<input type="checkbox"/> Non-occupant building owner	<input checked="" type="checkbox"/> Tenant
Name of building owner(if not Insured):	Cadillac Fairview	Number of years bldg. Owned: N/A
Number of years at this location: 1.5	Area occupied (sq. m): N/A	Business hours: 8 hours a day
Days per week: 5 days	Annual Revenue (optional):	Payroll (optional):
Previous loss history past 3 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Undetermined	Previous loss history past 6 years <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined	
Explain loss history: Broker has information as per contact.		
Insured Values: Property: \$ N/A	Contents: \$ 186,000.00	
Combustibility of Occupancy: L2	Susceptibility of Occupancy: S2-Slight Damage	

Occupancy : <input type="checkbox"/> Major Tenant OR <input checked="" type="checkbox"/> Insured IBC Industry Code:8111 or <input type="checkbox"/> refer to Occupancy Specific Supplement:		
Occupancy Description: Insured occupies the entire 9th floor and approximate 195-sq. m. in area on the 10th floor as a law firm.		
Special Hazard Code(s):	Description:	
Special Hazard Code(s):	Description:	
Other classes of occupants: (immediate exposures)	This large commercial building is occupied by various office and mercantiles tenants.	
Name:	Area occupied:	IBC Code
Occupancy Description:		
Special Hazard Code(s) :	Description:	
Special Hazard Code(s) :	Description:	
Name:	Area occupied:	IBC Code
Occupancy Description:		
Special Hazard Code(s)	Description:	
Special Hazard Code(s)	Description:	
Areas not surveyed: All other tenants are not inspected, access was denied by the management.	<input type="checkbox"/> For additional tenants see attached list	

6.0 BUILDING CONSTRUCTION (IBC Major Construction Class 1)

Building condition:	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Moderate deficiencies	<input type="checkbox"/> Major deficiencies
Year built: (yyyy)	1976	Area occupied by insured (sq. m): 1812		Combustibility of Building L2
Ground floor area (sq. m):	32921 sq. m	Total floor area (excl. bsmt.)		314369 sq. m
Height (excluding basement):	up to 105.30 m	Number of Stories: 5, 21 & 39 (above		

		grade)			
Basement:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Area of basement: 80826 (sq. m)		Total area: 395195 sq. m
Additions (year & brief description):					
Renovations (year & brief description):					
Wall construction:	Reinforced Concrete 20 % (Reinforced Concrete)	Masonry: %: ()	Non Combustible: %: ()	Brick/stone veneer: %: ()	Wood frame: %: ()
	Other: 80% - Fire Resistive Glass Panels		Panels in Walls % Describe:		
Floor Construction:	Concrete: 100 %	Concrete on metal pan: %	Wood joist: %	Other: %	
Roof Type:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Sloped	<input type="checkbox"/> Peaked	<input type="checkbox"/> Other	
Roof Construction:	<input checked="" type="checkbox"/> Concrete 100%	<input type="checkbox"/> Steel deck %	<input type="checkbox"/> Wood joist %	<input type="checkbox"/> Other: %	
Roof Surface:	<input checked="" type="checkbox"/> Tar & gravel	<input type="checkbox"/> Metal	<input type="checkbox"/> Asphalt shingles	<input type="checkbox"/> Rubber Membrane	
	<input type="checkbox"/> Wood Shakes	<input type="checkbox"/> Other			
Resurfaced:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date:		
Interior Finish Walls:	Combustible: %	Non-combustible: 100 %		Open: %	
Interior Finish Ceilings:	Combustible: %	Non-combustible: 100 %		Open: %	
Vertical Openings:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Stairs	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Deck:	<input type="checkbox"/> Other
Horizontal Separation:	Major Partition Construction		<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Frame	<input type="checkbox"/> Drywall on Studs
			<input checked="" type="checkbox"/> Concrete Block	<input type="checkbox"/> Other	
Proper Opening Protection:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
Mezzanines: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Combustible: %	Non-combustible: %		Open: %	
Mezzanines percentage of floor	%				
Combustible Concealed Spaces:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, describe and %		
Concealed space properly protected	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not applicable	Comment:	
Building Description:					
Shopping Mall <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Industrial Mall <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Strip Mall: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Describe :					

7.0 EXPOSURES (Within 50m of risk)

	Distance	Height	Construction	Occupancy Hazard	Civic Number (optional)	Opening in Facing Wall	
						Yes	No
Front	_____ m	_____ sto.	Open	--		<input type="checkbox"/>	<input type="checkbox"/>
Rear	_____ m	_____ sto.	Open	--		<input type="checkbox"/>	<input type="checkbox"/>
Left	_____ m	_____ sto.	Open	--		<input type="checkbox"/>	<input type="checkbox"/>
Right	_____ m	_____ sto.	Open	--		<input type="checkbox"/>	<input type="checkbox"/>

(For Malls) Describe partition walls between insured and other tenants.

8.0 COMMON HAZARDS (Heating, electrical, plumbing)

HEATING:

Forced warm air:	<input type="checkbox"/> Electric %	<input checked="" type="checkbox"/> Gas 100%	<input type="checkbox"/> Oil %	Other _____	
Suspended unit heaters:	<input type="checkbox"/> Electric %	<input type="checkbox"/> Gas %	<input type="checkbox"/> Oil %	Other _____	
Portable heaters:	<input type="checkbox"/> Electric %	<input type="checkbox"/> Gas %	<input type="checkbox"/> Oil %	Other _____	

Electric baseboard units: <input type="checkbox"/> %						
Hot water/steam	<input type="checkbox"/> Electric %	<input type="checkbox"/> Gas %	<input type="checkbox"/> Oil %	Other _____		
Other	<input type="checkbox"/> Electric %	<input type="checkbox"/> Gas %	<input type="checkbox"/> Oil %	Other _____		
Boiler:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Age (yyyy) <u>Not inspected</u> and Make:	Date of last Boiler Inspection: (yyyymmdd) <u>N/A</u>		
Appliances enclosed in a non-combustible room:			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not required:	
Combustible materials stored in the room:			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable	
Fuel tanks:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> Above ground	<input type="checkbox"/> Below ground	Age (yyyy) Capacity (L)
Fill and vent piping:	Inside	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> N/A	
Chimneys:	<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> ULC Factory built	<input type="checkbox"/> Unlabelled pre-fab	<input type="checkbox"/> Other _____		
	<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Non-standard _____				
Installation defects:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Major			
Installation replaced:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(yyyy) _ _ %			
Comment: _____						

ELECTRICAL:

Type:	<input checked="" type="checkbox"/> Conduit	<input checked="" type="checkbox"/> BX	<input type="checkbox"/> Non-metallic	<input type="checkbox"/> Knob & Tube _____	<input type="checkbox"/> Other _____	
Temporary wiring or extension cords:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____				
Overcurrent protection:	<input checked="" type="checkbox"/> Circuit Breakers	Fuses:	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Type P	<input type="checkbox"/> Type D	<input type="checkbox"/> Other
Installation defects:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Major			
Installation (wiring) replaced:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(yyyy) _ _ %			
Partial changes/extensions:	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No				
Comments: _____						

PLUMBING:

Type:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other _____
Installation Replaced:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(yyyy) _ _ %	
Condition:	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor _____	
Installation appears safe:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No _____		

SMOKING:

Smoking Restricted:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
"No Smoking" Signs posted:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Enforced:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

HOUSEKEEPING:

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unacceptable
Comments: _____			

9.0 FIRE PROTECTION

PUBLIC:

F.U.S. Protection Class: 3 Responding Fire Department: Toronto ICC Protection Grade 7

Full time Part Time/Volunteer Composite

Distance to Fire Department: 2 km Roads: Paved Unpaved Accessible Year-round: Yes No

Public Water Supply Private Water Supply

No. Hydrants: 2 within 155 m, _____ within 156 - 305 m, _____ Over 305 m, None

PRIVATE:

Are the following adequate?

	Yes	No		Date Last Serviced	Comments
Portable Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>March/2002</u>	
Standpipe/Inside Hoses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A <input type="checkbox"/>	<u>March/2002</u>	_____
Watchman Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A <input type="checkbox"/>	_____	<u>24 hours concerige desk</u>
Fire Detection System:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> Partial, Describe: _____		
i) Type of Detectors:	Heat and smoke detectors				
ii) Detectors properly located:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Describe: _____		
iii) Components listed by:	<input checked="" type="checkbox"/> ULC	<input type="checkbox"/> UL	<input type="checkbox"/> Other _____		
iv) Maintenance contract:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Company: <u>Owner responsibility</u>	Telephone #: <u>N/A</u>	
v) Connected to:	<input type="checkbox"/> ULC Listed Station	<input type="checkbox"/> Unlisted Service	<input type="checkbox"/> Fire/Police Department	<input checked="" type="checkbox"/> Local only	
	<input type="checkbox"/> Other: _____				
Automatic Sprinkler Protection:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Full Premises	<input type="checkbox"/> Partial (describe): _____		
	<input checked="" type="checkbox"/> Sprinkler	Supplement Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

SAMPLE

10.0 ALL RISK :

Information Confirmed by: Louise McNeeley

EARTHQUAKE

What is the earthquake zone:	0		
Is there any earthquake history in the area:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Undetermined
If Yes, describe history _____			
Any evidence of the following:			
Significant exterior wall or foundation cracks noted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____
Sagging?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____

FLOOD

Is this establishment located on a flood plain:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Is it located near a body of water:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____
Distance to nearest body of water:	_____	<input checked="" type="checkbox"/> None determined	
Is there a history of flooding:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, give history: _____
Evidence of water damage:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____
Years knowledge of risk: 1.5 yrs.			

WATER DAMAGE

Plumbing is: Copper Galvanized Plastic Other Describe: _____

Is there evidence of corrosion: Yes No Describe: _____

Is the building sprinklered: Yes No Comment: _____

Is stock susceptible to water damage: Yes No Describe: _____

Are all window/skylight openings adequately sealed: Yes No Describe: _____

Does water main pass under building: Yes No

Is the roof covering adequate: Yes No Most recent roof repair date, if applicable _____

Inside and/or roof storage tanks/process equipment Yes No Describe: _____

Tanks/equipment satisfactorily controlled: Yes No Describe: _____

Is there use of: skids Shelving Floor Drains Covers over stock/equipment Describe: _____

Sewer Backup claim in the last three years: Yes No Describe: _____

COLLAPSE AND/OR SEWER BACKUP

Is there any history of collapse:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____
Is there any history of sewer back-up:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____
Are sewer back-up protection devices in place:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____

ADDITIONAL PERILS

Is lightning protection in place:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: <i>Normal electrical wiring grounded.</i>	
Is risk located within 5 km of airport:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Beneath a flight path: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the yard fenced:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are gates locked when the premises are closed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the yard and the exterior of the building lit:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Is the risk located in a high wind/hail area:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____	
Are there visible signs of vandalism at the risk:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____:	
In the area:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Describe: _____	
Is the risk protected from	Automobile	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: <u>Sidewalk at front.</u>
Impact exposure:	Aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: <u>N/A</u>
	Train	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: <u>N/A</u>
	Boat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: <u>N/A</u>
Comments: _____				

11.0 BASIC PREMISES LIABILITY

The following appeared to be satisfactory:

Stairs, Ramps & Handrails:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Floor Surfaces & Coverings:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Walls & Ceilings:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Interior & Exterior Lighting:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Emergency Lighting	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Interior & Exterior Housekeeping:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Washrooms:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Sidewalks, Yards & Parking Lots:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Fire Exits:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Fire Alarm System (s):	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Snow & Ice Removal:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
Elevating devices in operation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Comments: _____
TV Satellite Dishes /Exterior Signs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Comments: _____
CO detectors where required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Comments: _____
Swimming Pool	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Supplement attached
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Comments: _____

12.0 BASIC CRIME

Refer to Expanded Crime Supplement

Crime Experience	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High		
Type of Neighbourhood:	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Isolated
Neighbourhood appears to be:	<input checked="" type="checkbox"/> Stable	<input type="checkbox"/> Changing via:	<input type="checkbox"/> Expansion/growth	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Deterioration
Visible malicious damage:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

BUSINESS

Automatic Teller Machine :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Safe on Premises:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unable to Determine	
Guard Service:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unable to Determine	Describe:
Typical Stock:	No stock for sales at this location.			
Smash & Grab exposure:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unable to Determine	
Comments:				

GENERAL PROTECTION

The following appeared to be satisfactory:

Exterior Lighting:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comments:
Interior Lighting:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comments:
Roof Accessibility:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comments:
Police Patrols:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comments:
Yard Fenced:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Describe:

SECURITY ALARM SYSTEM

Premises alarm system in use:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Disconnected	Date Installed: (yyyy)
Monitored by:	<input type="checkbox"/> ULC Listed Station	<input type="checkbox"/> Unlisted Station	<input type="checkbox"/> Local Alarm	<input type="checkbox"/> Unknown to Contact	<input type="checkbox"/> Unable to Determine

PHYSICAL PROTECTION

Door locks:	<input checked="" type="checkbox"/> Deadbolt	<input checked="" type="checkbox"/> Spring	<input checked="" type="checkbox"/> Panic	<input checked="" type="checkbox"/> Other	
Windows Protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, describe _____	
Other Openings:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Protected:	<input type="checkbox"/> No	<input type="checkbox"/> Yes

OTHER COMMENTS: