

BURGLARY RESISTANCE SURVEY

[fill out, FAX to 515-295-4331, RM will call back for consultation]

INSURED NAME: _____
ADDRESS _____ **LOCATION #** _____

CITY _____ **STATE** _____ **ZIP** _____
PHONE ____ (____) _____ **ALTERNATE** __ (____) _____
CONTACT PERSON / TITLE: _____

SECURITY ALARM SYSTEM: **VENDOR** _____
ADDRESS: _____
CITY, STATE, ZIP _____
PHONE # ____ (____) _____

CENTRAL STATION? _____ **DIRECT TO LEC?** _____ **How far from location?** _____
LOCAL? _____ **Strobes?** _____ **Audio?** _____ **UPS FOR ENTIRE SYSTEM?** _____
SIGNAL SENT BY: _____ **Phone lines** _____ **Cell phone** _____ **2-way radio** _____
WHERE IS CONTROLLER MOUNTED? _____ **IS THERE A DUMMY BOX?** _____
WHO KNOWS HOW TO DISARM? _____
PANIC BUTTONS? _____ **if yes, #** _____ **Location(s)** _____
MOTION SENSORS? yes or no, _____ **if so, #** _____ **BURGLAR TAPE?** _____ **VIBRATION SENSORS?** _____
MAG LATCHES? _____ **WHERE?** _____ **INFRARED DETECTORS?** _____
SMOKE /FOG GENERATOR ADJUNCT TO SYSTEM? Yes ___ No ___ **If yes, vendor?** _____
CAMERAS? _____ **CLOSED CIRCUIT OR TAPE?** _____ **IF SO, # AND LOCATION** _____
AREAS SCANNED: _____

SPORADIC OR CONTINUOUS? _____ **HOW LONG ARE TAPES RETAINED?** _____
WHO MONITORS? _____

ENTRANCES: SECURITY GATES? **Front** _____ **Back** _____ **ROLL or ACCORDIAN?** _____
OTHER WINDOWS BARRED? _____
DOOR LOCKS: dead bolts _____ **double tumblers** _____ **tamper resistant escutcheons** _____
shatter-proof glass? _____
ROOF HATCH? _____ **IF SO, LOCKABLE?** _____
OTHER ROOF OPENINGS? **A/C?** _____ **SKYLIGHTS?** ____, # _____ **OTHER** _____
Alarm sensors? _____ **Type?** _____
DUCTWORK: accessible _____ **barriers?** _____ **type?** _____

SAFE: MAKE _____ **MODEL:** _____ **UL RATING:** _____
COMBINATION OR KEY: _____ **LOCKED WHEN NOT BEING ACCESSED?** _____
WHO HAS ACCESS: _____

CASH HANDLING: double check verification of deposit amounts? _____ **interim storage in locked safe?** _____
CASH & CHECKS IN SAFE OVERNIGHT: _____ **IF YES, AVE AMOUNT** _____
IF NOT, AFTER HOURS BANK DEPOSIT? _____ **more than one person?** _____
\$ STORED ELSEWHERE ON PREMISES: _____ **WHERE:** _____

DRUG CABINET: **MAKE** _____ **MODEL** _____ **LOCATION** _____

EXPOSING STRUCTURES / OCCUPANCIES: (both sides) _____
above? _____ **basement? (is it common to neighboring?)** _____
WALL CONSTRUCTION: block _____ **sheetrock** _____ **plaster** _____ **metal** _____
other? _____

LIGHTING / VISUAL: interior night lights locations _____
exterior security lights? _____ **locations** _____
windows: ground to ceiling _____ **partial** _____ **signs blocking view?** _____

POLICIES & PROCEDURES: **CLOSING:** who's responsible? _____ **more than one?** _____
visually inspect restrooms, fitting rooms, etc. (hiding places) _____

BURGLARY POLICY & PROCEDURE ____ (attach copy) _____

ROBBERY P & P ____ (attach copy) _____