

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)_____