

Preliminary Fire Insurance Survey Report

1. Insured/Applicant Details

Name of Insured/Applicant: _____

Address of Property Surveyed: _____

Contact Number: _____

Email: _____

2. Risk Information

Type of Occupancy: _____

Construction Type: _____

Number of Floors: _____

Year of Construction: _____

Total Sum Insured: _____

3. Description of the Property

4. Fire Protection & Safety Measures

- Fire Extinguishers: _____
- Sprinkler System: _____
- Smoke Detectors: _____
- Hydrants/Fitted Hose Reels: _____
- Other (Please Specify): _____

5. Exposure Details

- Adjacent Properties/Locations: _____
- Potential Hazards / Risk Factors: _____

6. Observations and Recommendations

7. Surveyor's Declaration

Signature & Name of Surveyor

Date