**Risk Survey Request**

Please send completed form to: assessments@riskcontrolconsulting.com

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Due Date: | Requested By: | Contact: |

|  |  |
| --- | --- |
| Client Name: |  |
| Number of Sites – please provide site details on page 2: |  |
| Head Office Address: |   |
| Total insured value Property: |   |
| Total insured value Liability: |  |
| Business Contact Name & position: |  |
| Business Contact Number/ Email: |  |

|  |
| --- |
| **Special Instructions:** |
| Business Interruption: |  | Loss Estimates: |  | Nat Cat analysis: |  | Site Layout update: |  | Sprinkler adequacy analysis: |  |

**Reporting Format:**

|  |  |  |  |
| --- | --- | --- | --- |
| RCC Standard Report Format: |  | Separate Recommendation Report: |  |
| RCC detailed risk analytics report: |  | Client Specified Report Format: |  |

**Site 1 information:**

|  |  |
| --- | --- |
| Site Address: |   |
| Number of Buildings: |   |
| Occupancy: |   |
| Site Contact Name: |   |
| Site Contact Details: |   |
| Special instructions: |   |

**Site 2 information:**

|  |  |
| --- | --- |
| Site Address: |   |
| Number of Buildings: |   |
| Occupancy: |   |
| Site Contact Name: |   |
| Site Contact Details: |   |
| Special instructions: |   |

**Site 3 information:**

|  |  |
| --- | --- |
| Site Address: |   |
| Number of Buildings: |   |
| Occupancy: |   |
| Site Contact Name: |   |
| Site Contact Details: |   |
| Special instructions: |   |