

**LIABILITY SURVEY**

Broker: \_\_\_\_\_ Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

Principal(s): \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_ Licensed as: \_\_\_\_\_ (applicable to Contractors)

Description of Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If new operation/company – Describe work experience of the principals: \_\_\_\_\_

\_\_\_\_\_

Estimate Payroll: Note: If "Off Premises" operations are applicable, give amount and description: \_\_\_\_\_

\_\_\_\_\_

Percentage of construction work which is: a) Residential: \_\_\_\_\_ % b) Commercial: \_\_\_\_\_ % c) Industrial: \_\_\_\_\_ %

Work Sublet?  Yes  No If "yes" – amount \$ \_\_\_\_\_ description: \_\_\_\_\_

\_\_\_\_\_

Are Subs insured?  Yes  No If "Yes" What limit is requested? \_\_\_\_\_ Cert. of insurance obtained?  Yes  No

Estimated annual sales or receipts: \$ \_\_\_\_\_ If more than one operation/product give \$ or % breakdown per category

\_\_\_\_\_

\_\_\_\_\_

Are there any "Off Premises" welding or cutting operations?  Yes  No If "Yes" give amount (\$ or %) \_\_\_\_\_

Sales to U.S.A?  Yes  No If "Yes" – Amount \$ \_\_\_\_\_ Description: \_\_\_\_\_

\_\_\_\_\_

Area \_\_\_\_\_ sq ft. # of Suites \_\_\_\_\_ # of Elevators \_\_\_\_\_ Pool? \_\_\_\_\_ Sauna? \_\_\_\_\_ Liquor Receipts \$ \_\_\_\_\_

Other Hazards: \_\_\_\_\_

Is there any Third Party Fire Property Damage exposure with respect to insured premises (i.e. Adjacent Buildings, etc.)  Yes  No

If "Yes" describe: \_\_\_\_\_

\_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_ Deductible? \_\_\_\_\_

Claims Experience: Describe all liability losses, paid or reserved over the past 3 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coverage  Bound  Not Bound Effective Date: \_\_\_\_\_ Limit Required? \_\_\_\_\_ Deductible? \_\_\_\_\_

Frills Required: \_\_\_\_\_

\_\_\_\_\_

Has any Insurer cancelled, declined or refused to renew or issue insurance of the type applied for?  Yes  No

If "Yes" give reason: \_\_\_\_\_

Comments / Notes: \_\_\_\_\_

\_\_\_\_\_

Business New to Broker  Yes  No Information taken by: \_\_\_\_\_