

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: _____