

Western Benefit Solutions
General liability survey

675 N. First St. Ste #150 San Jose CA, 95112

Phone: 408 278 8355 Fax: 408 521 3348 Email: Juliana@westernben.com

Company's name _____

Address _____

Phone number _____ Fax number _____

Website _____ years in experience _____

Contact person _____ Email _____

Business category: Individual, corporation, partnership or other _____

Number of partners _____ contractor's # _____

Description of operation _____

Suggested effective date _____ Tax ID _____

Date business started _____ Gross revenues _____

Current carrier* _____

Policy number _____ date expires _____

Number of FT/PT employees _____ / _____ payroll _____

Liability limits: 500/1,000,000 1,000,000/2,000,000 2,000,000/4,000,000

Any additional insured? If yes, relationship, name and address: _____

Subject of insurance and amount: (examples building, contents...etc.) _____

Building information:

Construction type: _____, year built: _____ distance from fire

hydrant _____ ft. from fire dept _____ miles. Sprinklers _____ %,

fire alarm _____ Burglar alarm _____, Area square footage _____,

Year the following were updated: plumbing____ wiring _____ heating ____ roof _____

Mortgage number _____ mortgagee _____

Address of mortgagee _____

- Is the applicant a subsidiary of another entity? Or have subsidiaries? Y/N
- Any written safety program in operation? Y/N
- Any exposure to flammables, explosives or chemicals? Y/N
- Any policy was declined, canceled or non-renewed? Y/N
- Any loses or claims related to sexual abuse, molestation, discrimination? Y/N
- In the past 5 years, had any applicant convicted of crime, fraud, arson....? Y/N
- Any uncorrected fire and/or safety code violations? Y/N
- Any foreclosure, repossession, or bankruptcy in the past 5 years? Y/N
- Has business been placed in a trust? Y/N
- Any foreign operations Y/N
- Any exposure to radioactive/Nuclear material? Y/N
- Any medical facility provided or medical professional employed/contracted Y/N
- Any recreational facility provided or swimming pool on premises? Y/N
- Any sporting or social events sponsored? Y/N
- Any parking facility owned or rented? Or fee charged for parking? Y/N
- It is advised to add hired and non owned auto, please indicate Y/N
- Do you carry workers compensation policy in place? Y/N
- Do you carry errors and omissions policy? Y/N
- Any demolition exposure contemplated? Y/N
- Any crime occurred or been attempted on premises? Within the past 3 years? Y/N
- Has applicant been active in or currently active in joint ventures? Y/N
- Any structural alterations contemplated? Y/N
- Do you use any contractors or subcontractors? Y/N
- Any machinery equipment loaned or rented to others? Y/N
- Any labor interchanges with any other businesses or subsidiaries? Y/N
- Any daycare facility operated or controlled? Y/N
- Any watercraft, docks, floats owned, hired, or leased? Y/N
- Do promotional literature make representation about safety of the premises? Y/N
- Any operation, sold, acquired, discontinued in the past 5 years? Y/N

Please explain all yes answers: _____

Remarks and notes: _____

** Please provide loss runs for the past 5 years, this could be requested from your carrier and it could be fulfilled instantly upon the insured's request.*

Thank you for the opportunity to quote your insurance. Please let us know if you have questions or if you need help filling this out.