

## Comprehensive General Liability Insurance Survey

Send to Frank Gittinger, 1739 Citadel Plaza, San Antonio, TX 78209, e-mail: [fcg@gittingercos.com](mailto:fcg@gittingercos.com) or fax to 210-805-1290

<b>Full Legal Name:</b>			
<b>Trade Name, DBA:</b>			
<b>Primary Address:</b>			
<b>City:</b>		<b>Zip:</b>	
<b>Phone</b>	<b>Fax:</b>	<b>Web:</b>	
<b>Primary e-mail address:</b>			
<b>Owner(s):</b>			
<b>Years in Business:</b>	<b>If less than 3 Yrs.Experience:</b>		
<b>Owner(s) Social Security #:</b>	For privacy, I will call you		
<b>Attorney:</b>	<b>Phone #:</b>		
<b>CPA:</b>	<b>Phone #:</b>		
<b>Current Agent:</b>	<b>Company:</b>		
<b>Business Information:</b>			
<b>➤ Business Type:</b>	( ) Corporation ( ) Partnership ( ) Partnership LLC ( ) Other:		

Coverage Limits	Current Policy	Plan A	Plan B	Plan C	Plan D
<b>General Aggregate</b>	\$	\$300,000	\$600,000	\$1,000,000	\$2,000,000
<b>Product Limit</b>	\$	\$100,000	\$300,000	\$500,000	\$1,000,000
<b>Occurrence Limit</b>	\$	\$100,000	\$300,000	\$500,000	\$1,000,000
<b>Fire Damage Legal Liability</b>	\$	\$50,000	\$50,000	\$50,000	\$50,000
<b>Medical Payments</b>	\$	\$5,000	\$5,000	\$5,000	\$5,000
<b>Check Selected Plan:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Miscellaneous Liability Issues

Coverage Limits	Current Policy	Plan A	Plan B	Plan C	Quote
<b>Assault &amp; Battery</b>	\$	\$300,000	\$600,000	\$1,000,000	Plan:
<b>Liquor Legal Lia.</b>	\$	\$300,000	\$600,000	\$1,000,000	Plan:
<b>Employment Practices</b>	\$	\$300,000	\$600,000	\$500,000	Plan:
<b>➤ Account Type: Construction</b>		<b>Manufacturer – Retail – Office – Hotel/Motel (Circle)</b>			
<input type="checkbox"/> Number of Full-time Employees:		<input type="checkbox"/> Building(s): Area or Square Feet:			
Number of Part-time Employees:					
<input type="checkbox"/> Annual Sales:		<input type="checkbox"/> Gross Annual Payroll:			
<input type="checkbox"/> Area of Operation:					
<b>➤ We need a copy of your coverage classification sheet that provides a breakdown of operations covered</b>					
Code#	Class Description	Premium Basis			
		\$			
	<b>Blanket Waiver of Subrogation</b>	<b>Include yes or no</b>			
	<b>Blanket Additional Insured</b>	<b>Include yes or no</b>			

**Policy and Loss/Claim Information**

Year	Effective Dates	Company – Policy Number	Annual Premium
2010			
2009			
2008			
2007			
2006			
Date	Type of Loss	Details of Loss	
2010			
2009			
2008			
2007			
2006			

**Major Concerns**

<ul style="list-style-type: none"><li>○ In selecting an insurance program, what are your major concerns?</li></ul>
<ul style="list-style-type: none"><li>○ Price aside, do you have any concerns about your current coverage or service?</li></ul>
<ul style="list-style-type: none"><li>○ How long have you been with your current insurance program?</li></ul>
<ul style="list-style-type: none"><li>○ What was the primary reason you selected that program?</li></ul>
<ul style="list-style-type: none"><li>○ How would you rate your current agency service? ( ) Poor ( ) Fair ( ) Average ( ) Good ( ) Superior</li></ul>
<ul style="list-style-type: none"><li>○ Beside yourself, who else will be involved in the selection of your insurance program?</li></ul>

**Items Needed:**

- Last four years of loss or claim runs from your insurance company in order to validate our quote
- In addition, we will need General Liability Audits for the last four years.