

Survey/Checklist

#8

Source: "Accredited Adviser in Insurance" text
Insurance Institute of America
Malvern, PA (800) 644-2101

Appendix 1

ROBERT E. BILL RISK ANALYSIS PROFILE

Use of Risk Management in the Sales Process

We have found in our sales approach to the more sophisticated buyers there is a great need to lead the buyer through an investigation of his loss exposures. We do this using the following questionnaire and developing each of the questions as we go through. When making an appointment for an interview to cover this questionnaire, it is important that the prospect allow enough time.

We use a pocket dictation unit which allows for a two-hour interview on a single tape.

Prior to making the appointment with the prospect, it is necessary to do some research into the particular industry involved and to have a feeling for the loss potentials and coverages needed. It is also important to know which insurers have products available for such coverages. It is most important that the producer have a good feeling for the operations involved in this particular industry, the problems and opportunities surrounding the particular business - the economics, people, materials and physical limitations involved.

RISK PROFILE

- | Yes | No | |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you have a brochure or other written material which describes your business operations or products? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is your business confined to one industry? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is your business confined to one product? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you own buildings? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you lease buildings <i>from</i> others? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you lease buildings <i>to</i> others? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you plan any new construction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are your fixed asset values established by Certified Property Appraisers? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you own any vacant land? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are any properties located in potential riot or civil disturbance areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are any properties located in potential flood or earthquake areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do your properties have Security Alarm Systems; i.e., Fire-Sprinkler Discharge - Burglary - Smoke Detection, etc. |

- 13. Are there any unusual fire or explosion hazards in your business operation?
(Welding, painting, woodworking, boilers or pressure vessels, etc.)
- 14. Do you take a physical count of inventory at least once a year?
- 15. Do you lease machinery or equipment other than automotive?
- 16. Do you stockpile inventory, either raw or finished?
- 17. Could you conveniently report inventory values on a monthly basis?
- 18. Do you buy, sell or have custody of goods or equipment of extremely high value? (Radium, gold, etc.)
- 19. Do you use any raw stock, inventory or equipment which requires substantial lead time to reproduce?
- 20. Do you export or import?
- 21. Do you buy or sell on consignment?
- 22. Do you buy or sell goods which must be shipped via waterway?
- 23. Do you handle any material with a high damageability factor; i.e., subject to loss from temperature changes, dampness, prolonged shelf life, etc?
- 24. Do you handle any goods or merchandise in the form of pairs or sets?
- 25. Are most incoming shipments made via common carrier?
- 26. Are most outgoing shipments made via common carrier?
- 27. Are your purchase terms F.O.B. your plant?
- 28. Are your selling terms F.O.B. the customer?
- 29. Do you consider your trade area to be local?
- 30. Do you have good or equipment located on the premises of subcontractors, bailees or others?
- 31. Is your business seasonal?
- 32. Does your business generate Accounts Receivable?

- 33. Do you work with drawings, manuscripts, plans or other records which, if lost or destroyed, could cause serious loss?
- 34. Do you have or use EDP equipment or facilities?
- 35. Do you sell on a contract basis with long term obligations to your customers?
- 36. Do you buy from any single source suppliers with only one production or warehousing location?
- 37. Does one firm account for more than 1% of your gross sales?
- 38. If you suffer a major property loss, would you take every available emergency measure to continue servicing your customers during the period of repair or restoration to avoid losing the market?
- 39. Is your business subject to regulation by Federal, State or Local Authority?
- 40. If more than one location, are they interdependent?
- 41. Do you have property of others in your custody?
- 42. Does your business regularly call for the execution of written contracts?
- 43. Do you conduct business outside the United States?
- 44. Do you operate a company infirmary or hospital?
- 45. Do you operate an employee restaurant?
- 46. Do you have occasion to use boats or aircraft, other than scheduled commercial?
- 47. Do any employees hold a Pilot license?
- 48. Do you hold meetings or conventions outside the United States?
- 49. Do you subcontract work to others?
- 50. Do you require subcontractors to furnish evidence of liability and Workmen's Compensation Insurance?
- 51. Do you perform subcontract work for others?
- 52. Are your sales achieved by direct salesmen?

- 53. Do you install or test your products on the customer's premises?
- 54. Do you provide a written warranty as to use or fitness of the products you sell?
- 55. Do you manufacture or sell finished products?
- 56. Do your operations involve any risks of pollution or contamination?
- 57. Do you sell or provide service directly to the customer?
- 58. Do you lease automotive equipment?
- 59. Do you provide autos for use of officers or salesmen?
- 60. Do you regularly operate vehicles beyond a 50-mile radius of their home garages?
- 61. Do you operate any vehicles which are subject to the jurisdiction of the ICC?
- 62. Do you normally mortgage new automotive equipment?
- 63. Is it *usual* to have persons other than employees riding in your vehicles?
- 64. Do you require some form of Driver Training or participation in safety activities?
- 65. Do you require pre-employment physical examinations?
- 66. Do you routinely check with previous employers to determine the work record of new job applicants?
- 67. Is there an active Safety Committee to prevent employee injuries?
- 68. Do employees have regular occasion to travel and work in other States?
- 69. Do employees have occasion to work or be aboard ship or on navigable waters?
- 70. Do groups of employee have frequent occasion to travel together?
- 71. Are any employees based outside the United States?
- 72. Has there been an OSHA inspection of your premises?
- 73. Have you established appropriate internal systems and procedures for compliance with OSHA?
- 74. Are there any outstanding citations form OSHA?

- 75. Has your company ever sustained an employee dishonesty loss?
- 76. Can your company accumulate more than \$1,000 of cash at a single location?
- 77. Is Countersignature required on outgoing checks?
- 78. Are incoming check immediately recorded and stamped for deposit?
- 79. Are bank deposits made daily?
- 80. Do you use armored car service?
- 81. Do you employ outside auditors?
- 82. Is your company a public corporation subject to SEC jurisdiction?
- 83. Do you employ security personnel including watchmen?
- 84. Do you have need for Surety Bonds?
- 85. Do you advertise nationally?
- 86. Do you provide a Group Medical Program for employees?
- 87. Do you provide a Group Life Program for employees?
- 88. Do you provide a Disability Income Program for employees?
- 89. Do you provide a qualified Pension or Profit Sharing Plan for employees?
- 90. Are most employees Union members?
- 91. Have you been doing business with the same insurance broker for more than five years?
- 92. Do you have a formal or declared Risk Management Program?
- 93. Is each division or location a separate profit center?
- 94. Is your company currently paying taxes at a surtax level?
- 95. Are the company asset schedules heavily depreciated for book value purposes?
- 96. Is your net quick ratio at least two to one?
- 97. Is cash flow a problem?

- 98. Would a \$100,000 uninsured loss be ruinous?
- 99. Does the company have substantial investment in research and development?
- 100. Is management of a mind to retain risk or self-insure when circumstances are favorable?
- 101. Is short term credit available if needed?
- 102. Has your company ever sustained any unusually large or unique losses, either insured or uninsured?

Appendix A

1: A Check list of Personal Insurance Needs

	Needs	Has	Recom- mended	Accepted	Rejected
Dwelling and Garage					
Increased valuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrade form perils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Property					
Increased valuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased off-premises coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage at secondary location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased coverage on money/securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on furs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on musical instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on antiques, fine arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on silverware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on stamps and coins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on guns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled coverage on golf equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business personal property off-premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liability Coverage					
Professional equipment off-premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased liability limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased medical payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional owned premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises rented to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business pursuits endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farming operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidental occupancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional liability coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watercraft over 25, 50 horsepower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Needs	Has	Recom- mended	Accepted	Rejected
Automobile Coverage					
Increased liability limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased medical payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninsured/underinsured motorists coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental death/dismemberment/disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended non-owned auto coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycles - motorscooters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobile - golf carts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boats					
Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft					
Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident and Health					
Disability income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization and surgical expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance					
Programming family income needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Income					
Cash value life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable annuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					(Date)
					(Insured)

2: A Checklist of Commercial Insurance Needs

	Needs	Has	Recom- mended	Accepted	Rejected
Liability					
Workers compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Products and completed operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractual-blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire legal liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leased or hired automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers non-ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive other car, limited-broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto medical payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bailee liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiduciary/employee benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directors and officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional/errors and omissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buildings					
Special perils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difference in conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinkhole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agreed amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased cost of construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plate glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Needs	Has	Recom- mended	Accepted	Rejected
Loss to Business Personal Property					
Special perils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agreed amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturers output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting form/peak season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvements and betterments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto physical damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marine hull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salesman's samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parcel post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent and leasehold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounts receivable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valuable papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contingent business interruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler and Machinery Loss					
Boiler and machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business interruption (use and occupancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Failure					
Employee dishonesty - Coverage A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgery or alteration - Coverage B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft, disappearance, and destruction -					
Coverage C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery and safe burglary - Coverage D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises burglary - Coverage E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer fraud - Coverage F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extortion - Coverage G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises theft and robbery outside -					
Coverage H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Needs	Has	Recom- mended	Accepted	Rejected
Employee Protection					
Group Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental death and dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization - surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Protection					
Life-keyperson, proprietor, partnership, corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business continuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customer Name _____

Address _____

Date _____