

LEWIS FINANCIAL GROUP LLC
300 Chillicothe Ave
Hillsboro, Ohio 45133
(937) 393-4227 Phone
(937) 393-8790 Fax

COMMERCIAL ACCOUNT SURVEY

COMMON INFORMATION

1. Legal Name _____
2. Address _____
3. Effective Date _____
4. Current Carrier _____
5. Current Policy # _____
6. List of Location(s) and Description
#1 _____
#2 _____
#3 _____
#4 _____
7. Losses Last Five Years (attach "Loss Runs")

8. Year Business Was Established _____
9. Legal Organization _____
10. Contact Name & Phone Number _____
11. Payment Plan Desired _____
12. Website _____

This Survey should be utilized for most Commercial Accounts. However, there may be some situations that require additional information and special handling. In these cases, please contact one of the principals of LFG.

Obtain Copies of Current Policies

Description of Risk: _____

BUSINESS INCOME WORKSHEET

FIXED EXPENSE

Mortgage _____
Taxes _____
Leases _____
Utilities _____
Other _____

Total Fixed Expenses _____

Salaries for Key Employees _____

Net Income _____

TOTAL BUSINESS INCOME _____

EXTRA EXPENSE

Rent _____
Utilities _____
Manufacturing Equip. Rental _____
Office Equipment Rental _____
Advertising Expense _____

TOTAL EXTRA EXPENSE _____

TOTAL BUSINESS INCOME & EXTRA EXPENSE _____

Number of Months Needed _____ ×

TOTAL NEEDED _____

INSURANCE SURVEY

PROPERTY INSURANCE (complete for each location)

Building Insurance

1. Ground Floor Square Feet _____
2. Number of Stories _____
3. Construction (select one)

Frame Joisted Mas. Mas. Non-Comb. NC

4. Current Building Limit _____
5. Coinsurance Limit _____
6. Deductible _____
7. Fire District _____
8. Protection Class _____
9. Causes of Loss _____
10. Year Built _____
11. List Year of Updates

Electric	_____	Plumbing	_____
Roof	_____	Heat	_____
Other	_____		

12. Basement Yes No
13. Other Coverage (ie: EQ) _____
14. Burglar Alarm Type _____
15. Fire Alarm Type _____ # of extinguishers _____
(Obtain Certificates)

Business Personal Property

1. Current Limit _____
2. Replacement Value of Stock _____
3. Replacement Value of Equipment _____
4. Any Equipment Taken Off Premises _____
(if so, value)

Business Income

1. Current Limit and Coinsurance _____
(Complete Separate Worksheet to Determine Need)

Note: If Church Risk, use Guide One Contents Supplement

INSURANCE SURVEY

Commercial General Liability

Limits

General Aggregate _____
Prod & CO Aggreg. _____
Pers & Adv Injury _____
Each Occurrence _____
Fire Damage _____
Medical Expense _____

Annual Sales _____
Annual Payroll _____
Num. of Employees _____
Type Product Sold _____

Contractors:

% Work Subbed _____
File of Certificates for Subs _____
Min. Limits Carried by Subs _____

Manufacturers:

Any Product for Automobile Industry _____
Any Product for Aircraft _____

** Be familiar with "General Information" Selection of Accord Application*

INSURANCE SURVEY

Business Automobile Section

Liability Limit _____
Medical Payments Limit _____
UM/ UIM Limit _____
Hired/ Borrowed- States _____ Cost of Hire (if any) _____
Non-Owned Liability- States _____
Comprehensive Deductible _____
Collision Deductible _____
Rental Reimbursement _____ per day _____ # of days

Vehicles

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN</u>	<u>GVW</u>	<u>Cost New</u>	<u>Radius</u>	<u>Phy Dmg</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Drivers

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Drivers License #</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Transit Coverage _____ Vehicle # _____ Limit _____ Deductible _____
ICC or PUC Filings Required? _____

INSURANCE SURVEY

Inland Marine

Miscellaneous Tools- Per Tool Limit _____ Total _____
Employee Tools _____
Leased, Borrowed, Rented _____
Attached Equipment Schedule- Total Limit _____
Floater Deductible _____

Crime Section

Employee Dishonesty _____ Deductible _____ Blanket or Schedule
Number and Classes of Employees _____
Money Coverage _____ Inside _____ Outside
Alarm Type and Servicing Company _____
Additional Information and Coverage _____

Umbrella

Limit _____ Retained Limit _____
Annual Payroll _____ Annual Gross Sales _____
Underlying Limits _____
Automobile _____
General Liability _____
Employers Liability _____
Other _____