

: Commercial Lines Checklist.

Named Insured:

Surveyor: \_\_\_\_\_ Diary Date for Survey update:

Date of Survey:

Method of Survey:       telephone       meeting      (check one)

Name of Customer Representative surveyed:

(check appropriate column; check off every item)

**Categories of Insurance**

Requested/Remarks Offered	N/A	Offered	Rejected	Already Has	More Info
<b>General Liability</b>	_____	_____	_____	_____	_____
(for each category list all coverages, and options available in agency, including optional limits extensions and floaters)					
<b>Property</b>	_____	_____	_____	_____	_____
<b>Business Interruption</b>	_____	_____	_____	_____	_____
<b>Crime</b>	_____	_____	_____	_____	_____
<b>Boiler and Machinery</b>	_____	_____	_____	_____	_____
<b>Valuation Methods</b>	_____	_____	_____	_____	_____
<b>Automobile Liability</b>	_____	_____	_____	_____	_____
<b>Worker's Compensation</b>	_____	_____	_____	_____	_____
<b>Other</b>	_____	_____	_____	_____	_____