



**STRATEGIC  
SAFETY  
INCORPORATED**

# Loss Control Survey Request Form

Please complete this form and email to: [work@strategicsafety.net](mailto:work@strategicsafety.net)

2120 University Drive, PO Box 77, Okemos, MI | [www.strategicsafety.net](http://www.strategicsafety.net)

(517) 349-2212 | (800) 968-0278 | Fax (517) 349-9053

LONG FORM

SHORT FORM

TELEPHONE SURVEY

RUSH REQUEST: \_\_\_\_\_

LETTER OF RECOMMENDATION: YES

NO

PRIOR SURVEY ☐ (if yes, please attach)

INSURANCE COMPANY:

INSURANCE COMPANY: \_\_\_\_\_ REQUEST DATE: \_\_\_\_\_ DATE DUE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGENCY: \_\_\_\_\_ AGENT CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEW BUSINESS/PROSPECT RENEWAL

POLICY #: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

INSURED INFO:

INSURED NAME: \_\_\_\_\_ OCCUPANCY/OPERATION: \_\_\_\_\_ SIC/NAICS \_\_\_\_\_

INSURED ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ EMAIL/PHONE: \_\_\_\_\_

## LOCATIONS TO BE SURVEYED:

LOCATION #1: \_\_\_\_\_

LOCATION #2: \_\_\_\_\_

LOCATION #3: \_\_\_\_\_

SURVEY(S) REQUESTED:

PROPERTY: YES NO

BLDG VALUE: \$ \_\_\_\_\_

CONTENTS VALUE: \$ \_\_\_\_\_

PHOTOS: YES NO

DIAGRAM: YES NO

LIABILITY: YES NO

GENERAL LIABILITY: YES NO

GARAGE LIABILITY: YES NO

GARAGE KEEPERS LL: YES NO

PRODUCT: YES NO

AUTO: YES NO

WORKERS COMP YES NO

ESTIMATED PAYROLL: \$ \_\_\_\_\_

MOD: \_\_\_\_\_

LOSS RUN ATTACHED: YES NO

OTHER: YES NO

INLAND MARINE: YES NO

CRIME: YES NO

BUSINESS INTERRUPTION: YES NO

SPECIAL INSTRUCTIONS: