[Date]

Recipient Name

Title

Company Name

Street Address

City, ST - Zip

Email address

RE: Loss Control Survey of [Survey Date]

 Policy #:

Dear: Recipient Name

**PURPOSE OF VISIT**

**ACTIVITIES**

**LOSS ANALYSIS**

**RECOMMENDATIONS**

**CLOSING**

Please note that the safety resources and training materials available through Starr that were discussed during the survey are attached to this letter for your convenience. If you have any questions regarding this letter or if you need any safety resources, please contact Raymond Williams, Starr Loss Control, Starr Indemnity & Liability Company, at raymond.williams@starrcompanies.com or at 713-470-6964.

Sincerely,

Consultant Name

Loss Control Consultant

Insurance Safety Consultants, on behalf of

Starr Indemnity & Liability Company

cc: Agent Name, Company – Email Address