|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consultant: |  |  | Evaluation Date: | [Survey Date] |
| Policy #: |  |  | Contact Person: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **INSURED** | Name |  | **PLEASE RETURN TO:** |
| Address |  | Insurance Safety Consultants |
| City, ST - Zip |  | 5050 Quorum Drive |
| **ATTN:** |  | Suite 610 |
| Email |  | Dallas, TX 75254 |
|  |  | **ATTN: Response Manager** |
| **SURVEY LOCATION:** |  | [Response\_Manager@isclc.com](mailto:Response_Manager@isclc.com) |
|  |  |  |  |

*Loss Control is a responsibility of your management. The following recommendation(s) are a result of conditions observed during our recent visit. They do not necessarily include every loss potential, code violation, or exception to good practice. Recommendations are advisory and developed to assist policyholders in the management of their loss control activities. It is the policyholder’s responsibility to make changes in operations, procedures, and implement any recommendation(s).*

**RECOMMENDATIONS**

13-01 [Recommendation]

|  |  |
| --- | --- |
| **Date:** |  |
| **Action Taken:** |  | |

13-02 [Recommendation]

|  |  |
| --- | --- |
| **Date:** |  |
| **Action Taken:** |  | |