



**Inspecting
the World®**

Loss History questionnaire

Member name: _____

Corporate name (if different to above): _____

Business type: Sole Proprietorship Partnership Corporation Other

Years in business: _____

Number of inspections performed a year:

In Canada: _____

In USA: _____

Do you purchase business insurance?

General Liability (GL) Errors and Omissions (E&O) Combined GL & E&O None

Have you had any insurance claims or uninsured losses over the last five years?

Yes No

If yes, please provide details (on a separate page) for each claim or loss including:

- Date of claim/loss
- Amount paid, including any defense costs
- Description of the circumstances of the claim/loss – please be as detailed as possible