



# TEXAS DEPARTMENT OF INSURANCE

## Regulatory Policy Division - Loss Control Program (104-LC)

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EVALUATION OF LOSS CONTROL INFORMATION FOR INSURANCE COMPANIES IN TEXAS PROVIDING  
**GENERAL LIABILITY INSURANCE** or for **PROFESSIONAL LIABILITY INSURANCE** for **INSUREDS** other than **HOSPITALS**

### LOSS CONTROL INFORMATION WORKSHEET

#### PART A

1. a. Policy #: \_\_\_\_\_ b. Policyholder Name: \_\_\_\_\_  
 c. Location of Risk: \_\_\_\_\_ d. Policy Effective Date: \_\_\_\_\_  
 e. Best Hazard Index: \_\_\_\_\_ f. Experience Modifier (if applicable): \_\_\_\_\_

	Current Policy Yr:	1st Prior Yr:	2nd Prior Yr:
2. Number of Claims:	_____	_____	_____
3. Loss Ratio:	_____	_____	_____
4. Number of Visits:	_____	_____	_____

5. Date of Last Visit: \_\_\_\_\_ 6. Estimated Annual Premium: \_\_\_\_\_  
 7. a. Insurance Company: \_\_\_\_\_  
 b. Completed By: \_\_\_\_\_ c. Date: \_\_\_\_\_

#### PART B

1. Description of operations:
  
  
  
  
  
  
  
  
  
  
2. List the potential risks/hazards associated with the operation of this business that could cause a loss or claim.
  
  
  
  
  
  
  
  
  
  
3. Describe the types of losses most frequently experienced by this account and any trends identified.
  
  
  
  
  
  
  
  
  
  
4. Describe measures taken by your company and/or the policyholder to control identified loss sources:

(Continued)

**Part B (Cont'd)**

## 5. Training assistance provided:

Have you provided training assistance to the insured?

If so, in what form?

If not, for what reason (explain why assistance is not required)?

## 6. Does the insured have a formal (written) safety program?

If so, what is your opinion of it? Provide examples of different aspects of the program (or lack thereof) that caused you to reach this conclusion:

## 7. Loss/accident analysis provided?

Has insured's loss experience justified analysis?

If so, describe the type of analysis conducted, its result/conclusions and the manner in which the results were presented to the insured.

## 8. Is this account currently being written? If not, why?

Non-Renewed by insurance company (**explain circumstances**)

Cancelled by insurance company (**explain circumstances**)

Non-Renewed by policyholder

**Instructions for Completing  
Part A**

1. a. Policy Number.  
b. Name of policyholder, e.g. "Acme Widget Company".  
c. City in which policyholder's main office is located.  
d. Date current policy took effect.  
e. Best Hazard Index.  
f. Experience Modifier.
2. Number of claims in the current policy year to date, followed by the total number of claims in the two previous policy years.
3. Loss Ratio =  $\frac{\text{Incurred Losses}}{\text{Earned Premium}}$
4. Number of visits to the account made by the Loss Control Representative in the current policy year to date, followed by the total number of visits made in the two previous policy years.
5. Date of last visit or direct communication with the policyholder by a Loss Control Representative.
6. Estimated annual premium for the current policy year. If a policy is retrospective, cost plus or self-rating plan, enter your best estimate of the annual premium.
7. a. Name of insurance company providing coverage.  
b. Name of person who completed the worksheet.  
c. Date worksheet was completed.