



Americana Insurance Group Inc.

# Adult/Child Daycare

Fact Finding Questionnaire

\*\* Please write N/A in spaces provided if Not Applicable to any questions

\*\* If any lists can be provided instead of writing everything in that is encouraged.

\*\* Please know that all these questions are important and any assumptions by Americana Insurance Group could jeopardize coverage.

\*\*\*\*\**(Please include extra sheets if more room is needed for any of the following questions)*

**GENERAL CLIENT INFORMATION**

**BUSINESS LEGAL NAME & MAILING ADDRESS**

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Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Website Address \_\_\_\_\_

Legal Entity:

Individual  Corporation  Partnership

Joint Venture  Sub-S Corp.  Not for profit  Limited Liability  Other

UI CODE \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

Number of years under present management: \_\_\_ years

Number of years experience of owner: \_\_\_ years

Number of years experience of manager: \_\_\_ years

Has the risk ever been involved in a bankruptcy procedure?  Yes  No

If yes, explain: \_\_\_\_\_

Names of subsidiary companies, joint ventures or other companies owned by applicant that are not part of this application: \_\_\_\_\_

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**IMPORTANT PEOPLE NAME OF YOUR CONTACT PHONE NUMBER**

OWNER/PRINCIPAL \_\_\_\_\_

OTHER DECISION MAKERS \_\_\_\_\_

FINANCIAL \_\_\_\_\_

LEGAL \_\_\_\_\_

CLAIMS \_\_\_\_\_

The applicant's primary operations are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant's secondary and incidental operations are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The hours of operation are: \_\_\_\_\_

Number of days the business is open per week: \_\_\_\_\_

Is this a seasonal operation?  Yes  No

What is the season? From \_\_\_\_\_ To \_\_\_\_\_

Does the applicant have a safety program?  Yes  No

Does the applicant have a disaster plan?  Yes  No

Is the day care operation licensed?  Yes  No

If yes, what entity licenses the day care operation?

Federal  State  County  Municipality  Other - Describe other.

\_\_\_\_\_

\_\_\_\_\_

If no, explain why.

\_\_\_\_\_

Give the number and ages of children cared for at the same time?

\_\_\_ 0-1 year \_\_\_ 2-4 years \_\_\_ 5-7 years \_\_\_ 8 years and over

What percentage of enrollment does each of the following types of clients represent?

\_\_\_% Over 65 - Ambulatory \_\_\_\_\_% Under 65 - Ambulatory

\_\_\_% Over 65 - Non-ambulatory \_\_\_\_\_% Under 65 - Non-ambulatory

How many clients attend the day care because of dementia or Alzheimer's? \_\_\_\_\_

**Loss History**

List and describe any losses pertaining to your business you have had in the last 5 years.

\_\_\_\_\_ Amount Pd \_\_\_\_\_  
\_\_\_\_\_ Amount Pd \_\_\_\_\_  
\_\_\_\_\_ Amount Pd \_\_\_\_\_

**PROPERTY – BUILDING**

**Building #1**

PREMISES # \_\_\_\_\_ BUILDING # \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

Premises: Owned \_\_\_\_\_ Leased \_\_\_\_\_

What is the legal entity name of Building owner? \_\_\_\_\_

Would the applicant replace and/or repair with the same (like kind and quality) structure after a major loss? \_\_\_ Yes \_\_\_ No

If no, what would the applicant do? \_\_\_\_\_

Describe any fire protection system features \_\_\_\_\_

Fire extinguishers: # \_\_\_\_\_ Smoke alarms # \_\_\_\_\_

When was the building built? \_\_\_\_\_

Last update of each: Heating \_\_\_\_\_ Electrical \_\_\_\_\_

Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Additions \_\_\_\_\_

Building #2

PREMISES # \_\_\_\_\_ BUILDING # \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

Premises: Owned \_\_\_\_\_ Leased \_\_\_\_\_

What is the legal entity name of Building owner? \_\_\_\_\_

Would the applicant replace and/or repair with the same (like kind and quality) structure after a major loss? \_\_\_\_ Yes \_\_\_\_ No

If no, what would the applicant do? \_\_\_\_\_

\_\_\_\_\_

Describe any fire protection system features \_\_\_\_\_

Fire extinguishers: # \_\_\_\_\_ Smoke alarms # \_\_\_\_\_

When was the building built? \_\_\_\_\_

Last update of each: Heating \_\_\_\_\_ Electrical \_\_\_\_\_

Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Additions \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY**

PREMISES # \_\_\_\_\_ BUILDING # \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

Office supplies, furniture, and Equipment Value? \_\_\_\_\_

Describe the Business Personal Property: (attach list of Business Personal Property with values)

\_\_\_\_\_

Do your Personal Property values fluctuate? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Monthly \_\_\_\_ seasonally \_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)

Are detailed records kept of all inventory, machinery, fixtures or equipment, including purchase date and price? \_\_\_\_ Yes \_\_\_\_ No

**INLAND MARINE – COMPUTERS & Equipment**

ACV RCV

Owned computer hardware \$ \_\_\_\_\_ \$ \_\_\_\_\_

Owned and leased hardware in transit \$ \_\_\_\_\_ \$ \_\_\_\_\_

Software \$ \_\_\_\_\_ \$ \_\_\_\_\_

Fax machinery \$ \_\_\_\_\_ \$ \_\_\_\_\_

Photocopiers \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe other: \_\_\_\_\_

**ACCOUNTS RECEIVABLE**

PREMISES # \_\_\_\_\_ BUILDING # \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

Average amount of receivables last 12 months: \_\_\_\_\_

Maximum during last 12 months: \_\_\_\_\_

Cost to re-create accounts receivable records: \$ \_\_\_\_\_

Describe the present disaster plan for reconstruction/recreation of accounts receivables:

\_\_\_\_\_

Where are accounts receivables records stored? \_\_\_\_\_

\_\_\_\_\_

What percentage of the records is duplicated and stored separately? \_\_\_\_\_%

**VALUABLE PAPERS**

PREMISES # \_\_\_\_\_ BUILDING # \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

Can valuable papers be replaced? \_\_\_ Yes \_\_\_ No

Percentage that will need to be replaced: \_\_\_\_\_%

Cost to re-create: \$ \_\_\_\_\_

**MONEY AND SECURITIES**

PREMISES # \_\_\_\_\_ BUILDING # \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

**INSIDE THE PREMISES**

Are money and securities kept in a locked safe or vault or other receptacle? \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

If no, where kept: \_\_\_\_\_

**OUTSIDE THE PREMISES**

Maximum amount of money or securities carried by any one person off premises: \$ \_\_\_\_\_

**BURGLAR ALARM**

Describe any Burglary exposures beyond what is usual to this type of business:

\_\_\_\_\_

Describe any special features to the burglary alarm or safe or vault systems that are not noted elsewhere: \_\_\_\_\_

**MANAGEMENT CONTROLS**

Does someone outside of the applicant's accounts payable unit confirm correctness of all invoices paid monthly? \_\_\_ Yes \_\_\_ No

Are invoices stamped 'paid' at the time checks are issued to prevent duplicate checks from being issued to fictitious persons? \_\_\_ Yes \_\_\_ No

Are improvements in internal controls, as suggested by auditors, implemented? \_\_\_ Yes \_\_\_ No

Is there adequate separation of duties between employees who:

Receive money and keep books? \_\_\_ Yes \_\_\_ No

Disperse money and keep books? \_\_\_ Yes \_\_\_ No

Reconcile bank accounts and deposit or withdraw? \_\_\_ Yes \_\_\_ No

**GENERAL LIABILITY**

Describe the applicant's on premises operations:

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Business Annual receipts: \_\_\_\_\_

Cost for subcontractors: \_\_\_\_\_

Describe how the applicant disposes of waste: \_\_\_\_\_

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Describe the procedure for training, monitoring and supervising all off premises employees:

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**PROPERTY IN YOUR CARE**

Is there any personal property of others in the risk's care, custody and control for which they may be held legally liable? \_\_\_ Yes \_\_\_ No

If yes, provide: Value \$\_\_\_\_\_ Description \_\_\_\_\_

**CONTRACTUAL EXPOSURES**

Is there a written waiver of subrogation? \_\_\_ Yes \_\_\_ No

Is there a written hold harmless agreement? \_\_\_ Yes \_\_\_ No

**SUBCONTRACTORS**

Does the applicant regularly use subcontractors? \_\_\_ Yes \_\_\_ No

If yes, answer the following questions:

Describe the work which subcontractors perform: \_\_\_\_\_

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Does applicant ask for certificates of insurance from subcontractors? \_\_\_ Yes \_\_\_ No



Explain: \_\_\_\_\_

Is there a contract? \_\_\_ Yes \_\_\_ No

If yes, attach. If no, describe the terms and agreements with the subcontractor.

**PERSONAL AND ADVERTISING INJURY EXPOSURES**

Does the applicant have a Web page? \_\_\_ Yes \_\_\_ No

**AUTOMOBILE**

Types Owned or Leased Vehicles:

Type # Type # Type #

Private Passenger \_\_\_ Small trucks \_\_\_ Medium trucks \_\_\_

Heavy trucks \_\_\_ Extra Heavy \_\_\_ Bus \_\_\_ Trlrs \_\_\_\_\_

Are all Vehicles titled in Entities name? Yes \_\_\_\_\_ No \_\_\_\_\_

If No Explain \_\_\_\_\_

Are vehicles ever hired? \_\_\_ Yes \_\_\_ No

If yes, describe vehicles hired, annual cost and duration: \_\_\_\_\_

\_\_\_\_\_

**BUSINESS AUTO**

**DRIVER INFORMATION**

List the names of drivers who drive any of your vehicles:

Name \_\_\_\_\_ B-Date \_\_\_\_\_ SS# \_\_\_\_\_ Dr.Lic # \_\_\_\_\_

Name \_\_\_\_\_ B-Date \_\_\_\_\_ SS# \_\_\_\_\_ Dr.Lic # \_\_\_\_\_

Name \_\_\_\_\_ B-Date \_\_\_\_\_ SS# \_\_\_\_\_ Dr.Lic # \_\_\_\_\_

**Vehicle Information- Include Trlrs**

Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_ Vin # \_\_\_\_\_

Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_ Vin # \_\_\_\_\_

Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_ Vin # \_\_\_\_\_

Are any officers, partners or employees furnished an automobile for their personal use? \_\_\_ Yes \_\_\_ No

Do individuals who are furnished an automobile also purchase automobile insurance on personally owned autos? \_\_\_ Yes \_\_\_ No

Are any automobiles used in parades or other events? \_\_\_ Yes \_\_\_ No

**LIABILITY – PROFESSIONAL**

Provide a list of all licensed or certified individuals.

Name	License/Certification	Job	Responsibility	Years Experience
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<hr/>				
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Are employees hired prior to state certification or license? \_\_\_ Yes \_\_\_ No

If yes, what is the process if the employee does not obtain the required license or certification?

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Have any employees been placed on probation by a licensing or certification board? \_\_\_ Yes \_\_\_ No

If yes, explain what the employee did until the probation was lifted?

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Are non-professional employees permitted to perform any task for which license or certificate is required? \_\_\_ Yes \_\_\_ No

If yes, which tasks and who is permitted to perform them.

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Does the applicant have on-site 'apprentices' or 'trainees'? \_\_\_ Yes \_\_\_ No

If yes, answer the following:

Describe the training received before they are brought on site.

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Are they permitted to work with clients? \_\_\_ Yes \_\_\_ No

Must a licensed professional be with them when they are working with a client? \_\_\_ Yes \_\_\_ No

Does the applicant require verification of education, qualifications and experience of new employees?  
\_\_\_ Yes \_\_\_ No

Does the applicant have a continuing education procedure? \_\_\_ Yes \_\_\_ No

If yes, describe:

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Does the facility comply with the National Fire Protection Association's (NFPA) Life Safety Code concerning the number, size, and arrangement of exits? \_\_\_ Yes \_\_\_ No

If no, explain.

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Is a nurse or emergency medical technician on the premises? \_\_\_ Yes \_\_\_ No

Has any party ever accused this operation of elder or child abuse? \_\_\_ Yes \_\_\_ No

If yes, describe completely.

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Are all doors locked to prevent trespassers from entering and clients from wandering away? \_\_\_ Yes \_\_\_ No

Does the applicant have sign-in and sign-out procedures for all clients? \_\_\_ Yes \_\_\_ No

If yes, answer the following:

Is the list of persons permitted to sign out each client kept current? \_\_\_ Yes \_\_\_ No

Is the list reviewed before the client is released? \_\_\_ Yes \_\_\_ No

Describe the procedure followed to release clients at pickup time.

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**OTHER PROFESSIONAL SERVICES**

Is there any exposure for professional services performed by the applicant's own personnel or through the use of subcontractors \_\_\_ Yes \_\_\_ No

If Yes Explain: \_\_\_\_\_

**OFF-PREMISES**

Do applicant employees interact on a regular basis with customers off premises? \_\_\_ Yes \_\_\_ No

If yes, answer the following:

Describe the clientele by percentage.

\_\_\_% Residential \_\_\_% Commercial \_\_\_% Institutional \_\_\_% Public

Do employees travel alone? \_\_\_ Yes \_\_\_ No

Are employees subject to criminal background checks? \_\_\_ Yes \_\_\_ No

Describe the procedure to train, monitor, and supervise all such off-premises employees.

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Does the applicant have a written contract with each Client? \_\_\_ Yes \_\_\_ No

If yes, attach a copy of each contract.

If no, describe the terms and agreements between the applicant and the subcontractor.

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**COMPLAINT PROCEDURES**

Does the applicant have a procedure in place to address sexual harassment complaints? \_\_\_ Yes \_\_\_ No

If yes, attach a copy of the procedure.

If no, explain.

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Does the applicant provide training on responding to sexual harassment complaints? \_\_\_ Yes \_\_\_ No

If yes, provide details.

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Does the applicant have a procedure in place to address discrimination complaints?  
\_\_\_ Yes \_\_\_ No

If yes, attach a copy of the procedure.

If No, explain.

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Does the applicant provide training on how to respond to discrimination complaints? \_\_\_ Yes \_\_\_ No

If yes, provide details.

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**DOCUMENTATION**

Explain the documentation procedure the applicant uses for each client. Be sure to specify what information is retained, the length of time it is retained, and the persons who have access to the information.

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**WORKERS' COMPENSATION – EMPLOYERS' LIABILITY**

Number of Employees by state:

State    #       State    #       State    #

List out job description and payroll per job description:

Job \_\_\_\_\_ Payroll \_\_\_\_\_

Job \_\_\_\_\_ Payroll \_\_\_\_\_

Job \_\_\_\_\_ Payroll \_\_\_\_\_

Total annual payroll: \_\_\_\_\_

Are employees trained prior to operating any equipment? \_\_\_ Yes \_\_\_ No

Are first aid kits provided? \_\_\_ Yes \_\_\_ No

Is there random drug testing after hire? \_\_\_ Yes \_\_\_ No

If yes, attach a copy of the company policy and procedure manual on the subject.

Is appropriate safety equipment provided for the jobs being performed? \_\_\_ Yes \_\_\_ No

Are employees screened for criminal background? \_\_\_ Yes \_\_\_ No

Are all potential employees screened prior to employment? \_\_\_ Yes \_\_\_ No

Are references required and verified? \_\_\_ Yes \_\_\_ No

Does applicant contract with another firm to lease employees? \_\_\_ Yes \_\_\_ No

Does applicant lease employees directly? \_\_\_ Yes \_\_\_ No

Does applicant use volunteers? \_\_\_ Yes \_\_\_ No

**EMPLOYEE BENEFITS**

Does the applicant provide benefits to employees? \_\_\_ Yes \_\_\_ No

If yes, describe the benefits offered:

\_\_\_ Health \_\_\_ Life \_\_\_ Disability

\_\_\_ Pension \_\_\_ 401(k) \_\_\_ Stock purchase

\_\_\_ Other – Describe \_\_\_\_\_

Are the benefits available to all employees? \_\_\_ Yes \_\_\_ No

If no, who qualifies and how are qualifications published? \_\_\_\_\_

\_\_\_\_\_

Who administers the benefit programs? \_\_\_\_\_  
\_\_\_\_\_

If an outside firm provides services, provide a copy of the contract.

What is the employee turnover rate? \_\_\_\_\_

Is there an established procedure for termination of an employee that includes an explanation of the benefits and signed documentation? \_\_\_ Yes \_\_\_ No

**UMBRELLA**

List all policies that provide liability coverage for the applicant:

Insurance Coverage/Primary Carrier	Limits
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_____	
_____	

**MANAGEMENT PHILOSOPHY QUESTIONNAIRE**

What would the applicant state is his or her style of business?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the applicant's philosophy regarding insurance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What does the applicant want insurance to do for it?**

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**What would be the maximum uninsured claim the applicant would be willing to afford?**

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**With small property claims, does the applicant have personnel who can repair the damage?**

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**What is the applicant looking for from an insurance adviser or risk manager?**

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**What has been the best insurance company the applicant has worked with and why?**

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**What was the worst insurance company the applicant has worked with and why?**

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What other information would help the insurance company know about your operation that would make them want your business? \_\_\_\_\_

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**Other Information Needed**

- \_\_\_\_ Copy of current General Liability coverage
- \_\_\_\_ Copy of current Property Coverage
- \_\_\_\_ Copy of current Truck/Business Auto coverage
- \_\_\_\_ Copy of current Umbrella/Excess coverage
- \_\_\_\_ Copy of current Workman's Comp Coverage
- \_\_\_\_ Loss runs from your Workman's Comp Coverage (3Yrs)

**Very Helpful Items to have**

- \_\_\_\_ Photo Copies of all title work
- \_\_\_\_ List of all Business Property with values
- \_\_\_\_ List of all vehicles and types

At Americana Insurance Group we take pride in providing coverage and insurance solutions that best fits our customer's needs. With you answering these questions this will help us in doing just that. Without knowing the answer too many of these questions it could jeopardize your coverage. If we were to

assume some of these answers it could also jeopardize coverage. Thanks for taking the time in filling out this questionnaire.

All statements and information are true and accurate to the best of my knowledge.

X

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Signature

**Notes:**