



Americana Insurance Group Inc.

# Lawn & Landscape Contractor

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

Name of safety director: \_\_\_\_\_

Does the applicant have a disaster plan? \_\_\_ Yes \_\_\_ No If yes, Attach a copy of the disaster plan.

What States do you work in? \_\_\_\_\_

**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 \_\_\_\_\_

Does the applicant own or lease the premises? \_\_\_\_\_

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

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

Does applicant repair vehicles on premises? \_\_\_ Yes \_\_\_ No

If yes, answer the following:

Are repair facilities in a separate building from other operations? \_\_\_ Yes \_\_\_ No

Are flammable liquids such as paints, glues and varnishes used and stored? \_\_\_ Yes \_\_\_ No

Does the applicant do welding or soldering on premises? \_\_\_ 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**

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

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

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

\_\_\_\_\_

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

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Describe the clientele by percentage.

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

Describe the gross revenues by percentage.

\_\_\_% Lawn Care \_\_\_% Landscaping \_\_\_% Spraying \_\_\_% Tree Trimming \_\_\_ Other Explain  
Other\_\_\_\_\_

List all chemicals brought onto jobsite.

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

**PROPERTY OF OTHERS**

Does the applicant borrow equipment from others? \_\_\_ Yes \_\_\_ No

Item (s)	ACV value	or	RC Value
_____	\$ _____	\$	_____
_____	\$ _____	\$	_____
Total PPO	\$ _____	\$	_____

Is any equipment loaned to others? \_\_\_ Yes \_\_\_ No

**CONTRACTUAL EXPOSURES**

Does the insured have Contracts? \_\_\_ Yes \_\_\_ No

If Yes Please Explain:

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

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: \_\_\_\_\_

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**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 au what percentage of employees regularly use their own vehicles in the applicants' business? \_\_\_% tos? \_\_\_ Yes \_\_\_ No

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

**AUTOMOBILE – HIRED AND NONOWNERSHIP**

Will the applicant be hiring or borrowing vehicles? \_\_\_ Yes \_\_\_ No

Is the owner of the vehicle an employee of the applicant? \_\_\_ Yes \_\_\_ No

Describe the types of vehicles hired or borrowed and the reason the applicant hires or borrows them.

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What percentage of employees regularly use their own vehicles in the applicants' business? \_\_\_%

**LIABILITY – PROFESSIONAL**

Provide a list of all licensed or certified individuals.

Name	License/Certification	Job	Responsibility	Years Experience
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If yes, what is the process if the employee does not obtain the required license or certification?

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Any 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 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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Do all operators read the Spray Equipment Operations manual before each season?  Yes  No

Do all operators read and follow the manufacturer's label with respect to application and cleaning instructions for each product used?  Yes  No

Are employees required to wear gloves and masks when working with Chemicals?  Yes  No

What special precautions are followed to limit spray drift?

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What procedures are followed to ensure the correct premises/Lawn is treated?

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**COMPLETED OPERATIONS**

Who draws the plans, designs or specifications?

Is the customer consulted and required to sign off prior to alterations?  Yes  No

Describe customer acceptance of project procedure and documentation.

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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 employees trained in the proper cleaning techniques for 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

**LIABILITY – EPLI**

# of employees \_\_\_\_\_ \_\_\_ Full time \_\_\_ Seasonal \_\_\_ Leased \_\_\_ Part time \_\_\_ Temporary

Has the applicant ever had a lawsuit against them for any type of employment-related practice such as discrimination (sexual, racial, gender-orientation, religious), sexual harassment or wrongful termination?

\_\_\_ Yes \_\_\_ No

**UMBRELLA**

List all policies that provide liability coverage for the applicant:

Insurance Coverage/Primary Carrier      Limits

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MANAGEMENT PHILOSOPHY QUESTIONNAIRE**

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

\_\_\_\_\_

\_\_\_\_\_

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What is the applicant's philosophy regarding insurance?

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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:**