



Americana Insurance Group Inc.

Commercial Building Lessor/Landlord

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.

Category: Automobile Repair/Mechanical

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

GENERAL CLIENT INFORMATION

BUSINESS LEGAL NAME & MAILING ADDRESS

Business Phone # _____ Cell # _____ Email _____

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: _____

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

If yes explain or attach copy of safety program.

Does the applicant have a disaster plan? ___ Yes ___ No

If yes explain or attach copy of disaster plan.

Is the establishment located in a shopping center? ___ Yes ___ No

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 _____

PRIOR POLICY INFORMATION (Last 3 Years)

Period/Year	Insurer	Limit	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUILDING (s)

Building #1

PREMISES # _____ BUILDING # _____ Name of Building _____

LOCATION ADDRESS: _____

Premises: Owned _____ Leased _____

What is the legal entity name of Building owner? _____

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 # _____ Name of Building _____

LOCATION ADDRESS: _____

Premises: Owned _____ Leased _____

What is the legal entity name of Building owner? _____

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)

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: _____

SIGNS

Sign # 1

Building # _____

Type of sign _____ Value _____

Sign # 2

Building # _____

Type of sign _____ Value _____

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: _____

How often are bank deposits made? _____

How are bank deposits made? _____

OUTSIDE THE PREMISES

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

BURGLAR ALARM-FIRE PROTECTION

Describe any Burglary alarms and/or safety features.

How many fire extinguishers and smoke alarms are on premises?

___ Fire extinguishers ___ Smoke alarms

Sprinklered? ___ Yes ___ No

GENERAL LIABILITY

Business Annual receipts: _____

Describe how the applicant disposes of waste: _____

Describe the procedure for training, monitoring and supervising of employees:

Describe the clientele by percentage.

___% Commercial ___% Institutional ___% Public

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

Was lead-based paint used in any unit? ___ Yes ___ No

If yes, answer the following:

Has the lead paint been removed? ___ Yes ___ No

Are children regular occupants of the property? ___ Yes ___ No

Has there been water damage in any unit? ___ Yes ___ No

If yes, what steps were taken to prevent mold and mildew damage?

Has the building been inspected for asbestos or other hazardous building material? ___ Yes ___ No

If yes, answer the following:

What were the findings and recommendations?

Describe all changes made in order to comply with the recommendations.

Within the past five years, has the applicant been required to make building improvements in order to meet new or current building codes such as ADA, OSHA, or local ordinances? ___ Yes ___ No

If Yes Explain:

Provide a list of all tenants (include vacancies) and square footage of each.

1. _____
2. _____
3. _____

PERSONAL AND ADVERTISING INJURY EXPOSURES

Does the applicant advertise its products, goods or services? ___ Yes ___ No

If yes, what media are used and what is that medium's percentage of the overall advertising budget?

___% Television

___% Direct mail

___% Radio

___% Signs

___% Newspaper

___% Yellow Pages

___% Magazine

___% Internet

___% Other

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 (Not autos)? ___ 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: _____

Cost for subcontractors: \$ _____

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 Web Address _____

BUSINESS AUTO

AUTOMOBILE - Owned

Types Owned or Leased Vehicles:

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: _____

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 # _____

List out job description and payroll per job description:

Job _____ Payroll _____

Job _____ Payroll _____

Total annual payroll: _____

Does applicant contract with another firm to lease employees? ___ 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

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?

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

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

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

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

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

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

Other Information Needed

- _____ Copy of current Commercial Package
- _____ Copy of current Auto coverage
- _____ Copy of current Umbrella/Excess coverage
- _____ Copy of current Workman's Comp Coverage
- _____ Loss Runs for Commercial Pkg policy (3Yrs minimum)
- _____ Loss runs from your Workman's Comp Coverage (3Yrs minimum)

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

Signature

Notes: