



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

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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: \_\_\_\_\_

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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

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.

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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: \_\_\_\_\_

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

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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?

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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?

\_\_\_\_\_

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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 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

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Signature

**Notes:**