



Americana Insurance Group Inc.

Wood Shop/Cabinet Maker

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: Wood Shop/Cabinet Maker

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

GENERAL INFORMATION

Legal business name(s)

Mailing address:

Home Phone # _____ Cell # _____ Email _____

Type of entity:

Individual Corporation Sub-S Corp.

Partnership Joint Venture

Not-for-profit Limited Liability Company

UI Code (if you have employees): _____

Federal ID Number: _____

When did the applicant start business operations? _____

When did the present management assume control? _____

How many year's experience does the owner have in this type of business? _____

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

If yes, explain including the type of bankruptcy and the filing date.

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

The applicant's primary operations are:

The applicant's secondary and incidental operations are:

The applicant used to be involved in the following operations, but they have been discontinued:

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

What percentage of total revenue does each represent? Cabinet _____% Furniture _____%

Other _____% Describe other: _____

What Percentage of Revenue does each represent? Commercial _____% Residential _____%

Does the applicant have a web page? ___ Yes ___ No If Yes Address _____

Important People Name Phone Number

Owner/Principal: _____

Other Decision Makers: _____

Financial: _____

Legal: _____

Claims: _____

Loss History

List and describe any losses you have had in the last 5 years.

_____ Amount Pd _____
_____ Amount Pd _____
_____ Amount Pd _____

PROPERTY – BUILDING(s)

Premises # _____ Description _____ Year Built? _____

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of structure? ___ Yes ___ No If no, what would the applicant do? _____

_____ Fire extinguishers

When were the following systems last updated?

_____ Heating _____ Electrical _____ Roof _____ Plumbing _____

Building#2

Premises # _____ Description _____ Year Built? _____

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of structure? ___ Yes ___ No If no, what would the applicant do? _____

_____ Fire extinguishers

When were the following systems last updated?

_____ Heating _____ Electrical _____ Roof _____ Plumbing _____

PROPERTY OF OTHERS

Personal property of others is valued at ACV unless RCV extension is purchased. This RCV valuation is limited to RCV or the written contract amount value, whichever is less.

Item	ACV value	or	RC Value
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
Total PPO	\$ _____		\$ _____

Is any equipment loaned to others? ___ Yes ___ No

Does the applicant borrow equipment from others? ___ Yes ___ No

Is coverage needed for employees' tools? ___ Yes ___ No If Yes, How much? \$ _____

Equipment - Actual Cash Value

Office & Business Equipment \$ _____ Misc. Tools and Equipment \$ _____

Portable Tools \$ _____ Heavy Equipment \$ _____

Property for Installation \$ _____ Property in Stock \$ _____

List all items valued over \$500.00

Describe safety measures in place to guard against theft of property _____

Does the applicant want coverage for employees' tools? ___ Yes ___ No

What is the maximum value per-tool and the maximum total values exposed? \$ _____ Per
tool \$ _____ Total Who purchased the tools? ___ Employee ___ Employer

LIABILITY – GENERAL LIABILITY

What are the total annual receipts? \$ _____

Are there any written waivers of subrogation? ___ Yes ___ No

Is there a written hold harmless agreements? ___ Yes ___ No

If Yes Attach a copy of each contract and/or agreement indicated above.

Is the applicant's insurance policy required to be primary under any of the indicated contracts? ___ Yes
___ No

What are the procedures for listing the applicant as an additional insured to the contractor's policy?

Is any special insurance coverage wording required? ___ Yes ___ No If yes, attach sample.

Is the applicant aware of any circumstances or situations that may result in any claim or lawsuit being
made against the applicant? ___ Yes ___ No If Yes Explain: _____

COMPLETED OPERATIONS

Who draws the plans, designs or specifications?

Who is permitted to alter plans, designs or specification?

Describe customer acceptance of project procedure and documentation.

SUBCONTRACTORS

Does the applicant regularly use subcontractors? ___ Yes ___ No If yes, answer the following:

Describe the type of work the subcontractors perform.

Gross payments to Sub Contractors_____

% of work done by Sub Contractors_____%

Is there a written contract? ___ Yes ___ No

What are the subcontractors' required insurance limits? \$_____

Describe procedures used to monitor the timely receipt of certificates of insurance of Sub Contractors

Business Locations

Location - Name/Description - Address Owned/Rented

Loc #1 - - -

Loc #2 - - -

Loc #3 - - -

AUTOMOBILE/Vehicle

How many vehicles of the following types are owned or leased by the applicant?

___ 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 the vehicles hired along with the 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 # _____

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 # _____

Year ___ Make _____ Model _____ Type _____ Vin # _____

Are any of the vehicles equipped with Special Equipment? ___ Yes ___ No

If Yes what and which vehicles?

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

Are any vehicles laid up for more than 30 consecutive days or more due to seasonal operations?

___ Yes ___ No If Yes which vehicles? _____

AUTOMOBILE – HIRED AND NONOWNERSHIP

Will the applicant be hiring or borrowing a vehicle? ___ 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.

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

WORKERS COMPENSATION/EMPLOYEES

Does the applicant purchase workers compensation coverage? ___ Yes ___ No 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: _____

List all states where the applicant anticipates working during the next twelve (12) months.

Does the applicant have a safety program? ___ Yes ___ No If yes, Attach a copy of the safety program.

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 without using an outside agency? ___ Yes ___ No

Does applicant use volunteers? ___ Yes ___ No

Is all of the machinery and equipment properly guarded and secured? ___ Yes ___ No

Are employees trained prior to operating any machinery and equipment? ___ Yes ___ No

Are employees trained in the proper cleaning techniques for machinery and equipment? ___ Yes ___ No

Are first aid kits provided? ___ Yes ___ No

Do employees work at other companies owned by applicant? ___ Yes ___ No If Yes Explain:

Are all employees required to be trained prior to using any machinery? ___ Yes ___ No

LIABILITY – EMPLOYEE BENEFITS

Does the applicant provide benefits to employees? ___ Yes ___ No

If yes, describe the benefits offered.

___ Health ___ Life ___ Disability ___ Stock purchase

___ Pension ___ 401(k) ___ Other

Describe other. _____

Are the benefits available to all employees? ___ Yes ___ No

If no, who qualifies and how are the qualifications published?

Who administers the benefit programs? _____

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

Employee Dishonesty

Do employees have keys to clients' homes or businesses? ___ Yes ___ No

Do you want coverage from theft of employees? ___ Yes ___ No If Yes, How Much? \$ _____

UMBRELLA/Excess Liability

List all policies that provide liability coverage for the applicant.

Insurance coverage

Primary carrier

Limits

Previous Insurance

Has insurance ever been denied, nonrenewal or cancelled? ___ Yes ___ No

If yes, explain. _____

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 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)

_____ Copy of any other insurance coverage's you would like us to quote

Very Helpful Items to have

_____ Photo Copies of all title work

_____ List of all Business Personal 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: