



Americana Insurance Group Inc.

# Mini Storage Warehouse Units

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: Mini Storage Warehouse Units

\*\*\*\*\* (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 \_\_\_\_\_

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

Building #3

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 \_\_\_\_\_

Would you be willing to Exclude Cosmetic damage to roof and or siding for a lower premium? **Example**  
*hail damage to roof that doesn't compromise any structural integrity.* \_\_\_\_ Yes \_\_\_\_ No

**BUSINESS PERSONAL PROPERTY and EQUIPMWNT**

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

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

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

\_\_\_\_\_

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

**Contracts-**

Are there contracts or written agreements with customers? Yes \_\_\_\_ No \_\_\_\_ If yes attach a copy.

**INLAND MARINE –SIGNS**

**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: \_\_\_\_\_

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

**BURGLAR ALARM and SAFETY FEATURES**

Describe any Burglary alarms and/or safety features. Examples Type of Burglar Alarm, Lighting, Fire Protection, Fencing, Law Enforcement etc...

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

How do clients obtain access to the property?

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

**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

**GENERAL LIABILITY**

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

Describe the clientele by percentage.

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

**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

Does the storage units have guidelines as to what may not be stored? \_\_\_ Yes \_\_\_ No

If yes, indicate which of the following MAY NOT be stored:

Explosives                       Perishables                       Living items (plants, pets, etc.)  
 Weapons and ammunition    Vehicles                       Aerosols  
 Chemicals-corrosive/toxic    Paints/varnishes/paint thinners  
 Other

**CONTRACTUAL EXPOSURES**

Is there a written waiver of subrogation?  Yes  No

Is there a written hold harmless agreement?  Yes  No

**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: \_\_\_\_\_

\_\_\_\_\_

**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 # \_\_\_\_\_

**Vehicle Information- Include Trlrs**

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

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

**GOODS IN TRANSIT**

Describe any owned property or property of others not described elsewhere that is transported

\_\_\_\_\_

Provide total number of employees:

\_\_\_ Full time                      \_\_\_ Seasonal                      \_\_\_ Leased  
\_\_\_ Part time                      \_\_\_ Temporary

List out job description and payroll per job description:

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

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

**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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 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:**