



Americana Insurance Group Inc.

Personal Lines

Including Homeowners, Auto, Recreational Vehicles, Watercraft, Umbrella, Home Base Business, Rental Properties, Seasonal Properties (Cabin) etc.

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: Personal Lines – Including Homeowners, Auto, Recreational Vehicles, Watercraft, Umbrella, Home Base Business, Rental Properties, Seasonal Properties (Cabin) etc.

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

GENERAL INFORMATION

Client name(s)

Mailing address:

How Long at this address? _____

Home Phone # _____ Cell # _____ Email _____

Marital Status:

___ Married ___ Single ___ Divorced ___ Separated ___ Widow ___ Other

List below all people whom currently reside in the household. This should include:

- Family members – including foster children.
- Other residents who are not related. Some examples are significant others, roomers, boarders, tenants, and domestic employees.

Name	B-Date	Social Security #	Drivers Lic # if Auto Ins. is desired	Relationship to Applicant	Occupation	Highest Education Level Did Not Graduate High School Graduate Some College College Graduate

Any Good Students? If so which students? _____

Prior Carrier: _____ Expiration Date: _____ How Long with Prior Carrier? _____

Ever canceled/denied coverage? Y/N If Yes Explain:

Who or what entity owns home? _____

Is any property held in a trust? ___ Yes ___ No

If yes, answer the following:

Trust Name: _____

Trustee(s): _____

Property: _____

Does the applicant belong to a homeowners or condominium owners association? ___ Yes ___ No

If yes, attach a copy of the Association agreement and bylaws.

Is the residence located in a flood plain? ___ Yes ___ No

If yes, does the applicant carry flood insurance? ___ Yes ___ No

Does the applicant own, lease, or rent additional residences? ___ Yes ___ No

** (If yes fill out additional Residence Supplement info)

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

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

DWELLING – COVERAGE A

Year Built? _____

Dwelling's square foot area? _____

___ Single family ___ Duplex ___ 3-family ___ 4-family ___ Other

Describe other.

What is the dwelling's construction?

___ Wood frame ___ Masonry veneer ___ Masonry ___ Other

Full Basement? ___ Yes ___ No

% of Basement Finished? _____

Air Conditioning? ___ Yes ___ No

of Bathrooms _____

Flooring % Wood _____% Ceramic Tile _____% Carpet _____% Vinyl _____% Other _____%

What is the dwelling's roofing material? _____

What is the dwelling's number of stories? _____

What type of Siding? _____

Any extra items that add significant value?

Provide the year when each of the following was updated.

Heating _____ Electrical _____ Roof _____ Plumbing _____

What type(s) of fuel is/are used for heating? If more than one, provide the percentage of each.

___ % Electric ___ % Natural Gas ___ % LPG ___ % Fuel Oil ___ % Wood ___ % Solar ___ % Other

Describe other.

Identify the number of the following in the dwelling.

Fireplace(s) ___ Yes ___ No # _____ Gas/Wood _____ Wood stoves _____

Is either used as the primary source of heating? ___ Yes ___ No

Year the chimney was last inspected/cleaned: _____

Does the dwelling have an operating alarm system? ___ Yes ___ No

If yes, answer the following:

Type of alarm: ___ Fire ___ Burglar ___ Carbon Monoxide

Does the police department or an alarm company monitor the alarm? ___ Yes ___ No

Which of the following structures are at this location address and are not attached to the residence?

Structure	Year Built	Construction	How Used
Garage			
Gazebo			
Pump House			
Play Equipment			
Satellite Dish			
Fence			
Storage Unit			
Outdoor Fireplace			
Barn (or other ag buildings)			Fill Out Outbuilding Supplement
Pole/Machine Shed			Fill Out Outbuilding Supplement
Other			

PERSONAL PROPERTY – COVERAGE C (Inland Marine)

Does the applicant have any of the following types of personal property?

*** (Fill Out supplement if any of these exist.)

Jewelry valued in excess of \$1,500	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firearms valued in excess of \$2,500	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Silverware valued in excess of \$2,500	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furs valued in excess of \$1,500	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property used in business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Collections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Antiques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fine Arts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Unusual property that should be scheduled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
More than \$250 in cash on the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ON-PREMISES EXPOSURES

List all animals kept at the primary residence.

Type	Breed

Is any of the following outdoor equipment on the premises?

- Trampolines Yes No

***(If yes, complete the Trampoline Questionnaire)

- Swimming Pool Yes No

***(If yes, complete the Swimming Pool Questionnaire)

Own any Livestock? Yes No If Yes Explain _____

Own any horses? Yes No If Yes Explain _____

Board any Horses? Yes No If Yes Explain _____

Own Any Farm Land? Yes No If Yes Explain _____

Farm Premises/Locations

Location - Name/Description - Buildings? yes /no - Sec# - Twp # - Range # County - #Acres - owned/rented

Loc #1 - _____ - _____ - _____ - _____ - _____ - _____

Loc #2 - _____ - _____ - _____ - _____ - _____ - _____

OFF-PREMISES EXPOSURES

List all organizations where household members take active roles as unpaid volunteers. Describe their job duties.

Name	Organization	Job Duties

HOME BASED BUSINESS

Does the applicant conduct any business-related activities on its premises? ___ Yes ___ No

***(If yes, complete the Home Base Business Questionnaire)

Auto Insurance

Current Liability Limits (circle one): 30/60/25 100/300/100 250/500/100 500/500/100

100 CSL 300CSL 500CSL 1MillCSL

VEHICLE INFORMATION

Item	Year/ Make/Model	Full Coverage (FC) or Liability Only (LO)?	Owner	Comp & Collision Deductibles	Use Pleasure (P) Commute (C) Business(B) Farm (F) Delivery (D)	Loss Payee
1.						
2.						
3.						
4.						
5.						
6.						

Loan/Lease/Gap? Y/N

Rental? 30/40/50/day

Roadside Assistance? Y/N

Is any vehicle used to plow snow for others? ___ Yes ___ No

If yes, answer the following:

Identify the vehicles used?

What are the annual receipts from show plowing? \$_____

Identify the type(s) of customers: Residential _____% Commercial _____%

Are any vehicles antique or classic cars? ___ Yes ___ No

Do any of the vehicles have Customized Equipment or paint? If Yes Explain _____

RECREATIONAL VEHICLES

How many vehicles does the applicant own or lease in the following categories?

Vehicle Type	Vehicle Type	Vehicle Type
___ Motorcycle	___ All-Terrain Vehicle (ATV)	___ Snowmobile
___ Camper	___ Race Car	___ Dune Buggy
___ Watercraft	___ Other	

Unit #	Year	Type of vehicle	Manufacturer	Horsepower
1.				
2.				
3.				
4.				

Loss History

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

_____ Amount Pd _____

_____ Amount Pd _____

_____ Amount Pd _____

INSURANCE PHILOSOPHY QUESTIONNAIRE

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?

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?

Other Information Needed

____ Copy of current Home/Farm coverage

____ Copy of Current Personal Automobile coverage

____ Copy of Current Recreational Vehicle coverage

____ Copy of current Umbrella/Excess coverage

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

Very Helpful Items to have

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:

Additional Residence Property Owned Supplement

Type? Rental Property _____ Seasonal (Cabin) _____ Other _____

DWELLING – COVERAGE A

What is the dwelling's square foot area? _____

Does the applicant own the dwelling? ___ Yes ___ No

If no, answer the following:

Who owns the dwelling? _____

___ Identify the type of dwelling.

___ Single family ___ Duplex ___ 3-family ___ 4-family ___ Other

Describe other.

What is the dwelling's construction?

___ Wood frame ___ Masonry veneer ___ Masonry ___ Other

Describe other.

What is the dwelling's roofing material? _____

When was the dwelling built? _____

What is the dwelling's number of stories? _____

Provide the year when each of the following was updated.

Heating _____ Electrical _____ Roof _____ Plumbing _____

What type(s) of fuel is/are used for heating? If more than one, provide the percentage of each.

___ % Electric ___ % Natural Gas ___ % LPG ___ % Fuel Oil ___ % Wood ___ % Solar ___ % Other

Describe other.

Identify the number of the following in the dwelling.

___ Wood burning fireplaces ___ Wood stoves

Is either used as the primary source of heating? ___ Yes ___ No

Year the chimney was last inspected/cleaned: _____

Does the dwelling have an operating alarm system? ___ Yes ___ No

If yes, answer the following:

Type of alarm: ___ Fire ___ Burglar ___ Carbon Monoxide

Does the police department or an alarm company monitor the alarm? ___ Yes ___ No

Which of the following structures are at this location address and are not attached to the residence?

Structure	Year Built	Construction	How Used
Garage			
Gazebo			
Pool (above ground)			
Pool (in ground)			
Pool House			
Guest House			
Greenhouse			
Pump House			
Play Equipment			
Satellite Dish			
Fence			
Storage Unit			
Outdoor Fireplace			
Barn			
Tennis Court			

Jewelry, Firearms, Collectibles, Antiques, Fine Arts Supplement

Jewelry

Item #	Description	Value	Kept in Safe? (Y/N)	Appraisal (Y/N)
1.		\$		
2.		\$		
3.		\$		
4.		\$		

Firearms- List each firearm by the approximate year it was manufactured and provide a description and value for it.

Item #	Description	Value	Approximate Year Manufactured
1.			
2.			
3.			
4.			
5.			

List fine arts by artist, title, description, and value. Attach separate listings if necessary.

Paintings/Sculptures

Item	Artist	Title	Description	Value
1.				
2.				
3.				
4.				

Collectibles/Antiques

Item #	Description	Value	Appraisal?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Trampoline Questionnaire

1. Where is each trampoline located?
2. If outdoors, how is it protected from unauthorized use?
3. Does the trampoline have a safety netting?
4. Is it located within a fenced in area?
5. Are rules for use posted?
6. Do you ever permit more than one person on the trampoline at a time?

Explain other
information _____

Outbuilding Questionnaire/Supplement

Outbuilding#1

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 _____

Outbuilding#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 _____

HOME BASED BUSINESS Questionnaire

Business Name: _____

Address: _____

Type of entity:

Individual
 Corporation
 Sub-S Corp.
 Partnership
 Joint Venture
 Not-for-profit
 Limited Liability Company

UI Code (if you have employees): _____ Number of Employees _____

Federal ID Number: _____

Description of Business _____

Year business established: _____

Years of experience in related business: _____

Gross Receipts \$ _____

Inventory Value \$ _____ Type Of Inventory? _____

Does the applicant conduct any business-related activities on its premises? Yes No

If yes, describe all such activities.

Do commercial business policies cover these activities? Yes No

If yes, provide the named insured on the policy, the carrier, and the limits.

Named Insured	Carrier	Limits

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

_____ Amount Pd _____

_____ Amount Pd _____