



Americana Insurance Group

# Non-Profit Recreation

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: Non-Profit Recreation

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

**GENERAL INFORMATION**

Legal business/Association name(s)

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Mailing address :

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Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Type of entity:

Individual  Corporation  Sub-S Corp.

Partnership  Joint Venture

Not-for-profit  Limited Liability Company

UI # \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

When did the applicant start operations? \_\_\_\_\_

When did the present management assume control? \_\_\_\_\_

How many years' experience does the manager have in this type of business/Association? \_\_\_\_\_

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

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

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Names of subsidiary companies or joint ventures that are not part of this application:

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**Important People Name Phone Number**

Manager/Association President: \_\_\_\_\_

Other Decision Makers: Example Board of Directors \_\_\_\_\_

Financial: \_\_\_\_\_

Legal: \_\_\_\_\_

Claims: \_\_\_\_\_

**Operations:**

The applicant's primary operations are:

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

The applicant's secondary and incidental operations are:

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

Is this a seasonal Operation? \_\_\_ Yes \_\_\_ No

If Yes please explain \_\_\_\_\_

Does the applicant have a safety program? \_\_\_ Yes \_\_\_ No If yes, answer the following:

Name of safety director: \_\_\_\_\_ Phone number of safety director: \_\_\_\_\_

Attach a copy of the safety program.

Does the applicant have a disaster plan? \_\_\_ Yes \_\_\_ No

If yes, answer the following:

Name of disaster coordinator: \_\_\_\_\_ Phone # of disaster coordinator: \_\_\_\_\_

Attach a copy of the disaster plan.

Is the owner a governmental entity? \_\_\_ Yes \_\_\_ No If yes, answer the following:

What is the anticipated revenue for the coming year? \_\_\_\_\_

Describe other sources of revenue. \_\_\_\_\_

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Describe the clientele percentage by age.

\_\_\_% 0-5      \_\_\_% 6-11      \_\_\_% 12-18      \_\_\_% 19-22  
\_\_\_% 23-30    \_\_\_% 31-45      \_\_\_% 46-64      \_\_\_% 65 and over

Clientele Origin: \_\_\_ Families \_\_\_ Business/Professional \_\_\_ Students \_\_\_ Military \_\_\_ Other  
# of Membership? \_\_\_\_\_

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

Demographically, the entity is considered: \_\_\_ Rural \_\_\_ Suburban \_\_\_ Urban

**BUILDING(S)**

**Building # 1**

Premises # \_\_\_\_\_ Building # \_\_\_\_\_ Location address: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant own the building? \_\_\_ Yes \_\_\_ No If no, answer the following: Who owns the building? \_\_\_\_\_

Is the applicant contractually obligated to insure the building? \_\_\_ Yes \_\_\_ No If yes, attach a copy of the contract.

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? \_\_\_\_\_  
\_\_\_\_\_

Describe any fire protection system features: \_\_\_\_\_

\_\_\_\_\_ #Fire extinguishers \_\_\_\_\_ #Smoke alarms

When was the building built? \_\_\_\_\_

When were the following systems last updated? \_\_\_\_\_ Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_  
Plumbing

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. \_\_\_\_\_  
\_\_\_\_\_

Provide the following valuations for the building.

\$ \_\_\_\_\_ Market value \$ \_\_\_\_\_ Actual cash value \$ \_\_\_\_\_ Replacement cost value

**Building # 2**

Premises # \_\_\_\_\_ Building # \_\_\_\_\_ Location address: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant own the building? \_\_\_ Yes \_\_\_ No If no, answer the following: Who owns the building? \_\_\_\_\_

Is the applicant contractually obligated to insure the building? \_\_\_ Yes \_\_\_ No If yes, attach a copy of the contract.

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? \_\_\_\_\_  
\_\_\_\_\_

How many fire extinguishers and smoke alarms are on premises? \_\_\_\_\_ Fire extinguishers \_\_\_\_\_ Smoke alarms

When was the building built? \_\_\_\_\_

When were the following systems last updated? \_\_\_\_\_ Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_  
Plumbing

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. \_\_\_\_\_

Provide the following valuations for the building.

\$\_\_\_\_\_ Market value \$\_\_\_\_\_ Actual cash value \$\_\_\_\_\_ Replacement cost value

**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)

Do your Personal Property values fluctuate? \_\_\_ Yes \_\_\_ No

If Yes, Monthly \_\_\_ seasonally \_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)

What is the property? \_\_\_\_\_

Are detailed records kept of all inventory, machinery, fixtures or equipment? \_\_\_ Yes \_\_\_ No

**INLAND MARINE – COMPUTERS & Equipment**

ACV RCV

Owned computer hardware \$\_\_\_\_\_ \$\_\_\_\_\_

Owned and leased hardware in transit \$\_\_\_\_\_ \$\_\_\_\_\_

Software \$\_\_\_\_\_ \$\_\_\_\_\_

Fax machinery \$\_\_\_\_\_ \$\_\_\_\_\_

Photocopiers \$\_\_\_\_\_ \$\_\_\_\_\_

Other \$\_\_\_\_\_ \$\_\_\_\_\_

Describe other: \_\_\_\_\_

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

**OUTSIDE THE PREMISES**

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

**BURGLAR ALARM**

Describe any Burglary exposures beyond what is usual to this type of business:

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Describe burglary alarm or safe or vault systems.

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**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

Are improvements in internal controls, as suggested by auditors, implemented? \_\_\_ Yes \_\_\_ No

Is there adequate separation of duties between employees who:

Receive money and keep books? \_\_\_ Yes \_\_\_ No

Disperse money and keep books? \_\_\_ Yes \_\_\_ No

Reconcile bank accounts and deposit or withdraw? \_\_\_ Yes \_\_\_ No

Are customers' credit/debit cards checked for validity? \_\_\_ Yes \_\_\_ No

Does the applicant accept personal checks? \_\_\_ Yes \_\_\_ No

**HUMAN RESOURCE DUTIES**

Does the applicant maintain a human resources or personnel department? \_\_\_ Yes \_\_\_ No

If no, how are the job duties associated with the human resources department handled?

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Does the applicant have a written policy regarding hiring, termination and disciplinary

procedures? \_\_\_ Yes to all \_\_\_ No If no, explain: \_\_\_\_\_

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Does the applicant have a procedure in place for the handling of sexual harassment complaints? \_\_\_ Yes

\_\_\_ No



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 If yes, please provide details including dates, description of lawsuit, disposition of lawsuit, and any awards made. Attach a separate sheet of paper if necessary.

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**NEW HIRE/Volunteer PROCEDURES**

Are applications required of all people applying for positions?  Yes  No

Are references routinely asked for all people applying new positions?  Yes  No

Are references checked?  Yes  No

Do new hires/volunteers receive orientation and training upon hire?  Yes  No

Does the applicant have a employee/volunteer handbook?  Yes  No

Are employees/volunteers screened for criminal background?  Yes  No

If Yes Explain: \_\_\_\_\_

**\*\*Attach a copy of the training provided to those working with children**

**GENERAL LIABILITY**

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

If Yes Explain: \_\_\_\_\_

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: \_\_\_\_\_

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What is the annual budget: \$ \_\_\_\_\_

Does the applicant receive donations or contributions from the general public?  Yes  No

Are contributions generally solicited?  Yes  No

Out of the total contributions received what is the percentage used for administration and fund raising? \_\_\_\_\_%

Does the applicant receive federal funding?  Yes  No

Does the applicant have tax-exempt status under the U.S. Internal Revenue Code? \_\_\_ Yes \_\_\_ No

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

**BUILDING LIABILITY**

Is the building(s) or parts of the building(s) available for public rental? \_\_\_ Yes \_\_\_ No

If yes, answer the following:

What is the posted capacity of the available area? \_\_\_\_\_

What amenities are available to the renters? \_\_\_\_\_

Who provides security when deemed necessary? \_\_\_\_\_

Are entity employees required to be on premises? \_\_\_ Yes \_\_\_ No

Who is responsible for opening, cleanup and closing? \_\_\_\_\_

Is alcohol permitted? \_\_\_ Yes \_\_\_ No

**PERSONAL AND ADVERTISING INJURY EXPOSURES**

Does the applicant have a Web page? \_\_\_ Yes \_\_\_ No if Yes Address \_\_\_\_\_

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

If Yes Explain: \_\_\_\_\_

**LIABILITY – LIQUOR**

Does the applicant ever serve or have alcohol available? \_\_\_ Yes \_\_\_ No

If yes, explain all circumstances including the dates. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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.

**PARKING LOTS, STREETS, AND SIDEWALKS**

Does the applicant own or rent any parking facilities? \_\_\_ Yes \_\_\_ No If yes, answer the following:

Is a fee charged? \_\_\_ Yes \_\_\_ No

Does the applicant have vehicles towed when improperly parked? \_\_\_ Yes \_\_\_ No

If yes, is there a contractual agreement with the towing company? \_\_\_ Yes \_\_\_ No If yes, attach a copy.

Does the towing company provide insurance to meet its contractual agreement? \_\_\_ Yes \_\_\_ No

Have arrangements been made for snow and ice removal from the parking lots, Streets, and walkway?

\_\_\_ Yes \_\_\_ No

**AUTOMOBILE**

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: \_\_\_\_\_

\_\_\_\_\_

Describe Transportation for **ALL** activities \_\_\_\_\_

\_\_\_\_\_

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

Name \_\_\_\_\_ B-Date \_\_\_\_\_ SS# \_\_\_\_\_ Dr.Lic # \_\_\_\_\_

Name \_\_\_\_\_ B-Date \_\_\_\_\_ SS# \_\_\_\_\_ Dr.Lic # \_\_\_\_\_

Name \_\_\_\_\_ B-Date \_\_\_\_\_ SS# \_\_\_\_\_ Dr.Lic # \_\_\_\_\_

Name \_\_\_\_\_ B-Date \_\_\_\_\_ SS# \_\_\_\_\_ Dr.Lic # \_\_\_\_\_

**Vehicle Information- Private Passenger/ Watercraft/ Recreational Vehicles/ Trlrs**

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

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

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

Are any officers, partners or employees furnished an automobile for their personal use? \_\_\_ Yes \_\_\_ No

Do individuals who are furnished an automobile also purchase automobile insurance on personally owned autos? \_\_\_ Yes \_\_\_ No

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

How many automobiles are parked at one location overnight?

Location      # of Vehicles      Value

Location      # of Vehicles      Value

Describe any lot protection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the applicant travel to Canada or Mexico? \_\_\_ Yes \_\_\_ No

How often do drivers receive refresher courses? \_\_\_\_\_

What the maximum radius of operation? \_\_\_\_\_

What is the average radius of operation? \_\_\_\_\_

**GOODS IN TRANSIT**

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

\_\_\_\_\_

Is there any transport of live animals? \_\_\_ Yes \_\_\_ No

If yes, describe animals and method of transport: \_\_\_\_\_

\_\_\_\_\_

**HIRED/NONOWNERSHIP**

Number of volunteers \_\_\_    Number of partners \_\_\_    Number of employees \_\_\_

What percentage of employees regularly use their vehicles in the applicant's business \_\_\_%

Describe the type of vehicles normally hired/borrowed and the reason for the hire/borrow:

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

Is all 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

Is at least one employee (on duty) trained in administering first aid? \_\_\_ 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

**UMBRELLA**

List all policies that provide liability coverage for the applicant:

Insurance Coverage/Primary Carrier      Limits

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**BUSINESS INCOME**

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

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

Expenses that would continue during business suspension:

\$ \_\_\_\_\_ preceding 12 months    \$ \_\_\_\_\_ current year

Estimated time to resume operations: \_\_\_\_\_

Are there customers upon whom the applicant is dependent for continued operations? \_\_\_ Yes \_\_\_ No

Where are valuable papers stored? \_\_\_\_\_

**Claims/Grievances**

Has the applicant ever had any claim, grievance charge or hearing through any of the following agencies or acts? Civil Rights Act \_\_\_ Yes \_\_\_ No    Americans with Disabilities Act \_\_\_ Yes \_\_\_ No    National Labor Relations Board \_\_\_ Yes \_\_\_ No    Equal Employment Opportunity Commission \_\_\_ Yes \_\_\_ No    Age Discrimination Employment Act \_\_\_ Yes \_\_\_ No    Any other federal, state or local agency relating to employment \_\_\_ Yes \_\_\_ No

If yes to any of the above, provide all details. Attach a separate sheet of paper if necessary. \_\_\_\_\_  
\_\_\_\_\_

**DIRECTORS AND OFFICERS INFORMATION**

How often are the meetings held? \_\_\_\_\_

What are the activities and responsibilities of the directors, officers and/or trustees?  
\_\_\_\_\_  
\_\_\_\_\_

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Are the directors or trustees elected or appointed?  Elected  Appointed

Who elects or appoints the directors or trustees? \_\_\_\_\_

**POTENTIAL EXPOSURE AREAS**

Over the past five years has:

The applicant participated in a merger, acquisition or divestiture of any type?  Yes  No

Any claim been made against the applicant or any director, trustee, officer, employee, or volunteer?

Yes  No If yes to any of the above, provide all details. \_\_\_\_\_

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Are all rulings reviewed either by legal advisors or checked against statute books prior to enactment?

Yes  No

Are all financial records externally audited at least once a year?  Yes  No

**MANAGEMENT PHILOSOPHY QUESTIONNAIRE**

What is the mission statement of the applicant? \_\_\_\_\_

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What would the applicant state is his or her style of Management?

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

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?

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

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How do the applicant's wages and benefits compare to those of the competition?

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What is the applicant looking for from an insurance adviser or risk manager? List the individuals who are consulted before the decision to change insurance carrier or insurance advisor is finalized. What information is needed for them to make that decision?

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**Other Information Needed**

- \_\_\_\_ Copy of current General Liability coverage
- \_\_\_\_ Copy of current Property Coverage
- \_\_\_\_ Copy of current Truck/Business Auto coverage
- \_\_\_\_ Copy of current Umbrella/Excess coverage
- \_\_\_\_ Copy of any Bond coverage
- \_\_\_\_ Copy of any Equipment Breakdown? Boiler Coverage
- \_\_\_\_ Copy of current Workman's Comp Coverage
- \_\_\_\_ Loss Runs for all policies
- \_\_\_\_ Loss runs from your Workman's Comp Coverage (3Yrs)

**Very Helpful Items to have**

- \_\_\_\_ 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

Title

**Notes-**