



Americana Insurance Group Inc.

# Internet Sales, and other 2nd hand sales items.

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: Internet Sales, and other 2nd hand sales items.

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

**GENERAL INFORMATION**

Legal business name(s)

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Mailing address:

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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 years' 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.

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

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The applicant's primary operations are:

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The applicant's secondary and incidental operations are:

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

Does the applicant have a web page?  Yes  No If Yes Address \_\_\_\_\_

Are there any web based product sales?  Yes  No

If yes, answer the following.

What percentage of sales are web based? \_\_\_\_

What percentages of web based sales are from each of the following?

\_\_\_\_% Own website \_\_\_\_% Amazon \_\_\_\_% Ebay \_\_\_\_% Craig's List

\_\_\_\_% Other

Describe other.

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Where and how does the applicant draw his customers from?

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How is payment received from web based customer? (Check all that apply.)

\_\_\_\_Account Billing \_\_\_\_Credit card \_\_\_\_Paypal \_\_\_\_Vendor supplied secure site

\_\_\_\_Other

Describe other.

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**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

What % of new items are sold? \_\_\_\_\_% What would these items be?

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What % of used items are sold? \_\_\_\_\_% What would these items be?

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What happens if product is broken or doesn't work?

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What is your return policy? \_\_\_\_\_

**OFF-PREMISES**

Do applicant employees interact regularly with customers off-premises? \_\_\_ Yes \_\_\_ No

If yes, answer the following:

Describe the clientele by percentage.

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

**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
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
<b>Total PPO</b>	<b>\$ _____</b>		<b>\$ _____</b>

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? \$ \_\_\_\_\_

Office & Business Equipment \$ \_\_\_\_\_

List all items valued over \$500.00

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Do the applicant's inventory values fluctuate? \_\_\_ Yes \_\_\_ No

If yes, is the fluctuation \_\_\_ Monthly \_\_\_ Seasonal (from \_\_\_\_\_ to \_\_\_\_\_)

How is inventory monitored?

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Describe safety measures in place to guard against theft of property \_\_\_\_\_

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**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

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: \_\_\_\_\_

Describe customer acceptance of project procedure and documentation.

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**SUBCONTRACTORS**

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

Describe the type of work the subcontractors perform.

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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

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**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.

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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.

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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:

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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?

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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

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**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?

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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? \_\_\_\_\_

**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:**