



Americana Insurance Group Inc.

Salvage / Recycling

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.

******(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 _____

Website Address _____

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 year's experience of owner: ___ 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: _____

What is the percentage of freight shipped?

___ % Perishable ___ % Explosives ___ % Corrosive or flammable chemicals

___ % Liquid ___ % Refrigerated ___ % Furs/Jewelry ___ % Other

Describe Other: _____

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 _____

BUILDING (s)

Building # 1

PREMISES # _____ BUILDING # _____

LOCATION ADDRESS: _____

Premises: Owned _____ Leased _____

What is the legal entity name of Building owner? _____

Would the applicant replace and/or repair with the same (like kind and quality) structure after a major loss? ___ Yes ___ No

If no, what would the applicant do? _____

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 # _____

LOCATION ADDRESS: _____

Premises: Owned _____ Leased _____

What is the legal entity name of Building owner? _____

Would the applicant replace and/or repair with the same (like kind and quality) structure after a major loss? _____ Yes _____ No

If no, what would the applicant do? _____

Describe any fire protection system features _____

Fire extinguishers: # _____ Smoke alarms # _____

When was the building built? _____

Last update of each: Heating _____ Electrical _____

Roof _____ Plumbing _____ Additions _____

BUSINESS PERSONAL PROPERTY

If any business Personal Property coverage is desired. If not just input no coverage desired.

PREMISES # _____ BUILDING # _____

LOCATION ADDRESS: _____

Office supplies, furniture, and Equipment Value? _____

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

Are detailed records kept of all inventory, machinery, fixtures or equipment, including purchase date and price? ___ Yes ___ No

MONEY AND SECURITIES –

If any money and securities coverage is desired. If not just input no coverage desired.

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:

Describe any special features to the burglary alarm or safe or vault systems that are not noted elsewhere: _____

GENERAL LIABILITY

Describe the applicant's on premises operations:

Business Annual receipts: _____

Cost for subcontractors: _____

Where do the Salvage Parts/Recyclables come from?

How is the salvaged parts/Recyclables used after you deliver them?

Do you fix or do any work on the parts before you deliver them? _____

How are the Salvaged/Recyclable parts purchased?

How are the Salvaged/Recyclable Parts Sold? _____

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 _____

CONTRACTUAL EXPOSURES

Do you enter into written contracts of any kind? ___ Yes ___ No

If Yes

Explain _____

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.

What the maximum radius of operation? _____

What is the average radius of operation? _____

Does the applicant transport chemicals? ___ Yes ___ No

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: _____

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 is the applicant looking for from an insurance adviser or risk manager?

What other information would help the insurance company know about your operation that would make them want your business? _____

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: