



Americana Insurance Group Inc.

Medical Office

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 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 _____

Does the applicant have a safety program? ___ Yes ___ No

Name of safety director: _____

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 #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

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 _____)

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

Does applicant repair vehicles on premises? ___ Yes ___ No

If yes, answer the following:

Are repair facilities in a separate building from other operations? ___ Yes ___ No

Are flammable liquids such as paints, glues and varnishes used and stored? ___ Yes ___ No

Does the applicant do welding or soldering on premises? ___ 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:

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

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

GENERAL LIABILITY

Describe the applicant's on premises operations:

Business Annual receipts: _____

Cost for subcontractors: _____

Describe how the applicant disposes of waste: _____

Describe the procedure for training, monitoring and supervising all off premises employees:

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

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.

PERSONAL AND ADVERTISING INJURY EXPOSURES

Does the applicant have a Web page? ___ Yes ___ No

AUTOMOBILE

Types Owned or Leased Vehicles:

Type # Type # 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 # _____

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 # _____

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

Are medical-related items routinely taken off premises? ___ Yes ___ No

If yes, answer the following:

Describe the items that are regularly removed from the premises, including their value.

Who is permitted to take the items off premises?

Is there a checkout and return procedure for tracking each item? ___ Yes ___ No

Where the items may be taken?

LIABILITY – PROFESSIONAL

Provide a list of all licensed or certified individuals.

Name	License/Certification	Job	Responsibility	Years Experience

Are employees hired prior to state certification or license? ___ Yes ___ No

If yes, what is the process if the employee does not obtain the required license or certification?

Have any employees been placed on probation by a licensing or certification board? ___ Yes ___ No

If yes, explain what the employee did until the probation was lifted?

Are non-professional employees permitted to perform any task for which license or certificate is required?
___ Yes ___ No

If yes, which tasks and who is permitted to perform them.

Does the applicant have on-site 'apprentices' or 'trainees'? ___ Yes ___ No

If yes, answer the following:

Describe the training received before they are brought on site.

Are they permitted to work on patients? ___ Yes ___ No

Must a licensed professional be with them when they are working on the patient? ___ Yes ___ No

Does the patient sign a consent form prior to them working on them? ___ Yes ___ No

Does the applicant require verification of education, qualifications and experience of new employees?
___ Yes ___ No

Does the applicant have a continuing education procedure? ___ Yes ___ No

If yes, describe:

Are employees required to wear gloves and masks when working with patients? ___ Yes ___ No

OTHER PROFESSIONAL SERVICES

Is there any exposure for professional services performed by the applicant's own personnel or through the use of subcontractors (i.e., beauty/barber shops, accounting, notary public, druggists, data processing, etc.)?

___ 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: _____

Are employees trained prior to operating any equipment? ___ Yes ___ No

Are employees trained in the proper cleaning techniques for equipment? ___ Yes ___ No

Are first aid kits provided? ___ Yes ___ No

Is there random drug testing after hire? ___ Yes ___ No

If yes, attach a copy of the company policy and procedure manual on the subject.

Is appropriate safety equipment provided for the jobs being performed? ___ Yes ___ No

Are employees screened for criminal background? ___ Yes ___ No

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 directly? ___ 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

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 would be the maximum uninsured claim the applicant would be willing to afford?

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

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?

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 General Liability 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)

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

Signature

Notes: