



Americana Insurance Group

Municipalities- City, Township, County Insurance

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: Government Institutions & Utilities Risk: City &/or County

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

GENERAL INFORMATION

Legal city/insured name(s)

Mailing address :

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 business operations? _____

When did the present management assume control? _____

How many years experience does the manager 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.

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

Important People Name Phone Number

Manager: _____

Other Decision Makers: _____

Plant and Grounds: _____

Financial: _____

Legal: _____

Claims: _____

Operations:

The applicant's primary operations are:

The applicant's secondary and incidental operations are:

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 latest census population of the entity? _____

What is the geographic size of the entity? _____

What is the anticipated tax revenue for the coming year? _____

Describe other sources of revenue. _____

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

Building # 3

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

Building # 4

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

Building # 5

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

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

Are backup generators available? ___ Yes ___ No

Is coverage for Employees tools desired? ___ Yes ___ No If Yes How Much? \$ _____

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 burglary alarm or safe or vault systems.

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?

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

procedures? Yes to all No If no, explain: _____

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.

TERMINATION PROCEDURES

Does applicant have procedure in place? Yes No

Are all terminations reviewed by or with legal counsel prior to implementation? Yes No

NEW HIRE PROCEDURES

Are applications required of all people applying and new hires? Yes No

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

Are references checked? Yes No

Are past employers checked? ___ Yes ___ No

Is education verified? ___ Yes ___ No

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

Does the applicant have an employee handbook? ___ 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:

Does the applicant own, jointly own, hire or lease any watercraft or aircraft? ___ Yes ___ No

If Yes Explain: _____

Does the applicant provide any child or adult care? ___ Yes ___ No

If Yes Explain: _____

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: _____

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: _____

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- Include Trlrs

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

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 owned vehicles used for towing special equipment (air compressors, concrete mixers, etc.)? ___ Yes ___ No

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

Are operations periodic or seasonal, resulting in the lay-up of any vehicles for 30 consecutive days or more? ___ Yes ___ No

Are any automobiles equipped with cellular telephones, two-way radios, citizens band radios or similar devices? ___ 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 lease/rent vehicles to others with operators? ___ Yes ___ No

Does the applicant lease/rent vehicles to others without operators? ___ Yes ___ No

Does the applicant travel to Canada or Mexico? ___ Yes ___ No

Do vehicles have theft alarms? ___ Yes ___ No

How often do drivers receive refresher courses? _____

Is there a set procedure to be followed in case of accident? ___ Yes ___ No

Are drivers trained in cleanup procedures? ___ Yes ___ No

What the maximum radius of operation? _____

What is the average radius of operation? _____

Does the applicant transport chemicals? ___ Yes ___ No

If yes, answer the following questions:

Are all drivers required to have Haz-Mat licenses? ___ Yes ___ No

Is transportation at restricted times of the day? ___ Yes ___ No

Are trucks marked clearly? ___ Yes ___ No

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: _____

Does the applicant transport any explosives or blasting caps? ___ Yes ___ No

If yes, describe in detail the precautions taken to insure safe passage:

Does applicant transport chemicals in own vehicles? ___ Yes ___ No

Does applicant use refrigerated trucks to transport goods? ___ Yes ___ No

What is the furthest a refrigerated truck would travel? _____

Are there alarms in the truck to notify the driver of temperature fluctuation? ___ 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: _____

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

Is there random drug testing of drivers 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

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. _____

Council Meetings

How often are the meetings held? _____

Are these open meetings? ___ Yes ___ No If no, explain: _____

POTENTIAL EXPOSURE AREAS

Over the past five years has:

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

Any officer/Employee been investigated for or been convicted of dishonesty or fraud? ___ Yes ___ No

The applicant been served with any wrongful termination suits? ___ Yes ___ No

The applicant reduced employee benefits? ___ 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. _____

FIREFIGHTERS AND PARAMEDICS

Are the firefighting and paramedic activities part of a governmental entity? ___ Yes ___ No

If no, explain. _____

How many paid and volunteer paramedics and firefighters are available for service?

Paramedics/EMT _____ Volunteer _____ Paid

Firefighters _____ Volunteer _____ Paid

Describe the type of training required prior to being hired or allowed to join.

Describe the continuing education requirements for firefighters and/or paramedics.

Describe the medical training required for all paramedics and other providing medical services.

Is the operation subject to federal, state or local oversight? ___ Yes ___ No

If yes, describe all violations, reprimands or complaints lodged in the past 5 years.

PUBLIC OFFICIALS

Provide a list of all job classifications considered public officials; indicate whether the position is elected or appointed and the length of each term.

| Classification | Appointed | Elected | Length of term |
|----------------|-----------|---------|----------------|
|----------------|-----------|---------|----------------|

Is any public official currently indicted or under investigation for alleged criminal activity?

___ Yes ___ No If yes, provide details including the official's name (if available), type of investigation, status and whether the official is continuing to perform his or her duties during the investigation.

Does the entity employ legal advisers for the public officials? ___ Yes ___ No

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? _____

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?

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

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

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?

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 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-