

Insurance/Risk Management Information Gathering

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EXPOSURE/RISK SURVEY

Applicant Information

1. Entity name (legal and trade name)

State incorporated

Address

Phone Number:

Employer Identification #:

Principal contact for loss control and inspection purposes.

2. Officers

Name

Title

3. Directors

Name

Affiliation

4. Owners (Stockholders)

5. List of all locations owned, leased, or used, including vacant land.

Address

Use

Number of Employees

6. A. Number of years in business
 - Providing current product or service
 - Providing some other product or serviceB. Number of years in business as former owner
 - Providing current product or service
 - Providing some other product or service
7. Descriptive narrative of all operations and services currently provided, discontinued or contemplated. Indicate if any are performed or sold outside the U.S. or Canada. For discontinued or contemplated operations, approximate, date.
8. Copies of all Property, Liability, Automobile, Workers Compensation, Time Element, Marine, Boiler & Machinery, Crime and other policies including applications if applicable.
9. Copies of most recent insurance company audits.
10. Loss information separately shown for each policy or self-insurance program. A minimum of three years is needed – five years is preferable. The loss history should differentiate between paid and reserved amounts and include:
 - Date of occurrence
 - Description of loss
 - Claimant
 - Claim status
11. Copies of all brochures, catalogs, or other descriptive literature of products or services made available to customers or used internally.
12. Financial statement for the last fiscal year.
13. Copies of contracts with principal vendors, suppliers and contractors.
14. Copies of any insurer loss control inspection reports or recommendations.
15. Information on Safety Programs

PROPERTY

1. List all real property (buildings) owned or leased.

Building 1 Building 2

- a) Address
- b) Year built and addition dates if any
- c) Height in stories
- d) Construction type
- e) Square footage
- f) Protective Systems
 - Distance to nearest Fire Dept/fire hydrant
 - Sprinklers
 - Stand pipes and hose
 - Alarm (fire, burglar, central station)
 - Guard
- g) Occupancy (office, manufacturing, warehouse, etc.) and percentage of total area occupied by others.
- h) Replacement value of building and value substantiation
- i) Replacement value of
 - office furniture, fixtures, and equipment
 - other equipment
 - stock
 - work in process
 - finished inventory
 - employees property
 - property of others
 - electronic data processing equipment

- j) Owner of building
 - k) Value of signs attached to building (outside) and type of sign
 - l) Number of elevators/escalators Passenger or freight
 - m) Building Improvements: Wiring – Year _____ Plumbing – Year _____
Roofing – Year _____ Heating – Year _____
2. Detached outside signs – value/number/type
 3. Value of owned fences
 4. Mortgagees

Name and Address

Interest (1st or 2nd)

Loss Payees – Personal Property (Contents)

Name and Address

Description of Interest

6. Underground Tanks
 - Number
 - Size
 - Construction
 - Content
 - Age
7. Listing of locations with pressure vessels (boilers, air tanks, steam generators, etc.); Air conditioning systems; Refrigeration equipment; Electrical equipment; Production machinery

8. Any current or planned construction
 - Cost information
 - Contracts
 - Timetable
9. Copies of all building leases
10. Copies of property appraisals or other documentation of replacement cost values for all buildings and contents.
11. Diagram of buildings and premises and photographs if available.
12. Business Income Coverage Form (Complete Worksheet)

Business Income

Net income for preceding 12 months

Fiscal year _____ or initial year for which coverage is requested _____

("Net Income" is defined as pre-tax profit or income before taxes.)

Continuing expenses during business suspension _____

Rental Value

If client is a lessee, are monthly payments required during suspension of business? _____

Amount of monthly rent _____

Amount, if any, of monthly rental income received by client from building occupants _____

13. Leasehold Interest Coverage Form

If client is lessee, unexpired term of lease _____

Rental value of the occupied premises _____

Rent payable for unexpired term of lease _____

Unamortized value of improvements and betterments made by client _____

Unamortized portion of advance rental _____

GENERAL LIABILITY

- | <u>Sales by last 5 Fiscal Years</u> | <u>Domestic</u> | <u>Foreign (Country)</u> |
|-------------------------------------|-----------------|--------------------------|
| 200_ - 200_ (estimated) | | |
| 200_ - 200_ | | |
| 200_ - 200_ | | |
| 200_ - 200_ | | |
| 200_ - 200_ | | |
2. Distribution system for products/services – direct to consumer, distributors, wholesalers, etc.
 3. Copies of any product/service warranty, guarantee statements or disclaimers.
 4. If a distributor, added as a vendor on manufacturer’s policy?

WORKERS COMPENSATION

1. Payroll by fiscal year:

<u>Last 5 Years</u>	<u>Outside Sales</u>	<u>Clerical</u>	<u>Other (Description)</u>
200_ - 200_ (estimated)			
200_ - 200_			
200_ - 200_			
200_ - 200_			
200_ - 200_			

2. Total number of employees (by location)

3. Prior carrier information/loss history – last five years.

<u>Year</u>	<u>Carrier</u>	<u>Annual Premium</u>	<u>Experience Modification</u>	<u># Claims</u>
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4. Copies of dividend and/or retrospective calculations/retrospective worksheets showing dividend formula/factors, etc.

5. Safety committee in place?

AUTOMOBILE

1. List of owned and leased vehicles including:
 - Make, model, year, serial number, state registered
 - Garage location and state of registration, if different
 - Cost new
 - For trucks
 - gross vehicle weight
 - usage
 - radius of operation
2. List of vehicle principal operators
 - Name, date of birth, license number, state of issue
3. List of lienholders and loss payees
4. Estimated annual cost for vehicle rental. (when term of agreement is less than one year).

CRIME

Crime Insurance

Asset size of any employer – sponsored retirement or savings plan

Type of Alarm:

Holdup	Local Gong
Burglar	Police connected
Central Station	Security Service or Police have keys

Alarm certificate no/expiration date

Safe/vault/receptacle manufacturer

Label	UL	SMNA	Class
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Maximum cash on premises \$ _____

Money on premises overnight \$ _____

Frequency of deposits

Other protection (lighting, fences, watchperson/etc.)

Dual check signing authority? Over what amount?

Separate reconciliation of accounts and deposition of funds?

BOND

Surety Bonds

Does work by the client require Surety Bonds guaranteeing the performance of contract obligations?

Employment Practices Liability

Employee Handbook in place?

Provide copy of current policy, if applicable.

Any incidents reported of EEOC or PA HRBL in past 3 years?

LIFE INSURANCE

Description of existing coverage:

Group _____

Individual _____

Purpose: Buy/sell, employee benefit or executive perk?

GROUP MEDICAL

Description of existing coverage:

Provide coverage booklets

Provide employee census

Also applies to: Hospitalization, Major Medical Expense Insurance

TRAVEL ACCIDENT

Is business travel required of owners or employees?

Method of travel

Coverage provided: 24 hour or business only?