

MANUFACTURING - RISK EVALUATION QUESTIONNAIRE

Date _____

Business Name _____

Address _____

Phone _____ **Contact Name** _____

Your Website _____

Yes / No or Describe

1. Do you have a brochure of other written material which describes your business operations and/or products? Please attach.

2. Indicate under what form your business is operated;

- Corporation**
- LLC**
- Individual**
- Partnership**
- Other Describe** _____

3. Your Federal ID# _____

4. Owner Information;

Name _____ **% Ownership** _____

Name _____ **% Ownership** _____

Name _____ **% Ownership** _____

Name _____ **% Ownership** _____

5. Fully describe your business operations;

Yes / No or Describe

6. Total number of years experience in this business as an owner or manager.

7. Number of full time employees _____.

8. Number of part time employees _____.

9. Last years gross sales from this operation _____

10. Current year project gross sales _____

11. Last year total employee payroll ____ See Workers Compensation Form _____

12. Current year projected payroll ____ See Workers Compensation Form _____

13. Is your business confined to one industry?

14. Is your business confined to one product?

15. Do you own buildings? If so please attach a list of locations and descriptions.

16. Do you lease buildings from others? If so please describe.

17. Do you plan new construction? Briefly Describe.

18. Are your fixed asset values established by certified property appraisers?

19. Do you own vacant land? If so please describe.

20. Are any properties located in potential riot or civil disturbance areas? Describe.

21. Are any properties located in potential flood or earthquake areas? Describe.

22. Do your properties have security alarm systems: i.e., fire-sprinkler discharge, burglary, smoke detectors, etc. Describe.

Yes / No or Describe

- 23. Are there any unusual fire or explosion hazards in your business operation? (welding, painting, woodworking, boilers or pressure vessels, etc.)**
- 24. Do you take a physical inventory at least once a year?**
- 25. Do you lease machinery or equipment other than automotive? Describe.**
- 26. Do you lease automotive equipment for use by owners, corporate officers or employees? Describe.**
- 27. Do you provide autos for use of employees? Describe.**
- 28. Any drivers with driving record problems? Describe.**
- 29. Do you check driver motor vehicle reports on a regular basis? Describe.**
- 30. Does your human resources hand book set minimum acceptable driver standards and do you enforce them? Describe.**
- 31. Do employees use their own vehicles for company business? Describe.**
- 32. Do you stockpile inventory either raw or finished? Describe.**
- 33. Do you have a method for tracking inventory? Describe your inventory control procedures.**

Yes / No or Describe

- 34. Do you buy, sell or have custody of goods or equipment of extremely high value? Describe.**
- 35. Do you use any raw stock inventory or equipment which requires substantial lead time to reproduce? Describe.**
- 36. Do you export or import goods either finished or raw materials? Describe.**
- 37. Do you either buy or sell on consignment? Describe.**
- 38. Do you either buy or sell goods that have to be shipped via waterways? Describe.**
- 39. Do you handle any material with a high damageability factor; i.e. subject to loss from temperature changes, dampness, prolonged shelf life, etc.? Describe.**
- 40. Do you handle any goods or merchandise in the form of pairs or sets? Describe.**
- 41. Are most incoming shipments made via common carrier? Describe.**
- 42. Are your purchase terms F.O.B. your premises? Describe shipping arrangements.**
- 43. Are your selling terms F.O.B. the customer?**
- 44. Do you consider your trade area to be local? Describe.**

Yes / No or Describe

- 45. Do you have goods or merchandise located on the premises of others? Describe. Please provide a value of property of others currently in your care.**
- 46. Is your business subject to seasonal fluctuations? Describe.**
- 47. Do you conduct any construction operations? Describe.**
- 48. Do you remove or handle asbestos or other hazardous materials in your manufacturing operations? Describe.**
- 49. Do you handle explosives or engage in demolition work?**
- 50. Do you engage in work on boilers or other high pressure vessels?**
- 51. Do you rent or lease anything to others? Describe.**
- 52. Do you lease any equipment from others? Describe**
- 53. Do you borrow contractors equipment from others? Describe.**
- 54. Do you own heavy contractors equipment? Describe.**

Yes / No or Describe

55. Are tools and equipment left at job sites? Describe.

56. Have you ever had tools or equipment lost or stolen from a job site? Describe.

57. Are you responsible for building materials at the job site if they are stolen or otherwise destroyed? Describe.

58. Do you conduct any welding or commercial painting? Describe.

Fully describe these operations:

Describe where these operations are located within your facilities and describe all safety procedures you have in place specifically for these operations:

59. Does your business generate accounts receivables? If so do you have peak months? Describe.

60. Do you subcontract work to others? Describe.

What is your cost for subcontract work?

61. Do you have all subcontractors provide you with valid certificates of insurance?

62. Do you require all subs name you as an additional insured on their general liability policy?

Yes / No or Describe

- 63. Are all contracts with subcontractors in writing?**
- 64. Does the contract contain a Hold Harmless Provision for your benefit?**
- 65. Does the contract have a waiver of subrogation provision in favor of you?**
- 66. Have you had any claims made against a sub you used? Describe.**
- 67. Do employees travel out of state on business? Describe.**
- 68. Since 1990 has any work been done or any product you manufactured been used in California, Colorado, Arizona, Oregon, Nevada, or Washington in the new construction of apartments, condos, single family dwellings, or townhouses? Describe.**
- 69. Do you now or have you ever applied or installed any EFIS or EFIS related products or materials? Describe.**
- 70. Have you ever been involved with the application of installation of materials that is directly in contact with EFIS, such as caulk, roofing or flashing materials? Describe.**
- 71. Do you provide group health or medical coverage to your employees?**
- 72. Is there a retirement plan in place for your employees?**
- 73. Is there a company safety program and manual?**

Yes / No or Describe

74. Do you have a written procedure manual?

75. Do you have written job descriptions?

76. Is there a return to work program in place for injured employees?

77. Do you have a written and enforced substance abuse program?

**78. Has your company ever sustained any large or unique loss either insured or not?
Describe.**

**79. Has your company ever been involved in a product of construction claim?
Describe and provide details.**

80. Are there months where cash flow is a problem? Describe.

81. What areas of your current insurance program do you feel need to be improved? Describe.

82. How can we help improve your insurance program?

Notes: