



UNDERWRITING DATA SHEET

COMPLETED BY : _____ TITLE : _____
DATE : _____

1. General Information:

- a. Description for each Named Insured to be listed on the policies:
(Please copy this page and complete for each entity.)

- b. When did the company start and under what circumstances?

- c. Who are some of the key people and what are their duties?

- d. Narrative on the flow of the business from start to finish:

- e. Who are some of the key accounts and what do you do for them that are unique?

- f. Any key suppliers of raw materials or key customers of your product where you sales would be significantly impacted should they be unable to operate?



- 2. Total Company Combined Revenues \$ _____ estimate for the coming year.
- 3. Attach Loss History (or claims) reports for the last five years. Loss runs should be currently valued within the last 60 days and explanation provided as to the details of the cause and status of losses over \$25,000.

(Huge differences in premium result from more complete underwriting information. Even if the information has not been favorable in the past we can make a case as to why it will be better in the future. In the absence of official loss history the underwriters are forced to use a worst case scenario in calculating your discounts.)

- 4. Include product brochures.
- 5. Company Website address that Underwriters may access to learn about your business
- 6. Financial Statements and/or Annual Reports
- 7. Construction contracts, equipment lease agreements, tenant lease agreements, etc.
- 8. Property Insurance
 - a. Complete attached Statement of Values including Underwriting information
 - b. Complete attached Business Income Worksheet
 - c. Attach diaaram/plot plans of maior complexes.
- 9. General Liability / Products Liability
 - a. Breakdown of sales by product
 - b. Square footage for non-manufacturing locations with parking square footage shown separately.

Answer the following: <i>(Please explain any yes answer)</i>		YES	NO
1.	Do / have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Any operations sold, acquired, or discontinued in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Any parking facilities owned / rented?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is a fee charged for parking?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has applicant been active in or is currently active in joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is there a labor interchange with any other business or subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are day care facilities opened or controlled?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is there a formal, written safety and security policy in effect? Attach copy	<input type="checkbox"/>	<input type="checkbox"/>



b. Attach Drivers List including full name, drivers license number, and date of birth.

c. Answer these questions:

Answer the following: (Please explain any yes answer)		YES	NO
1.	With the exception of encumbrances, are any vehicles not solely owned by and registered to the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do over 50% of the employees use their autos in the business?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are any vehicles leased to others?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are any vehicles customized, altered or have special equipment	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are ICC, PUC or other filings required?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do any operations involve transporting hazardous material?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Any vehicles used by family members? If so, please identify in remarks.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the applicant obtain pre-employment MVR verifications?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are any drivers not covered by workers compensation?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Any vehicles owned but not scheduled on this application?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain YES answer

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AEIFS, Inc.
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11. Workers Compensation

- Attach payroll audit of the previous policy year.
Attach Bureau inspection, if available
Attach Experience Mod Worksheet and 5 years Historical Payroll Data
Complete the following:

Table with 7 columns: ST, LOC #, Class Code, Categories, Duties Classifications, No. of Employees (Full Time, Part Time), Estimated Annual Payroll. The table contains 20 empty rows for data entry.



	YES	NO
1. Will corporate officers of the Company be included on the WC Policy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you own or operate (aircraft) or (watercraft)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you do work above 14 feet?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you do any work on the waterfront or on board any sailing vessel?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you use sub-contractors in your work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any employees over 60 or under 16 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you sponsor any athletic teams?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you require physicals as a prelude to employment?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you do drug testing?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you provide a company health insurance program for employees?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you pay for more than 50% of the employee's health insurance premium?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you lease employees?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do any employees work predominantly at home?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a formal written safety program?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do any employees travel out of state to work?	<input type="checkbox"/>	<input type="checkbox"/>



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VALUATION WORKSHEET

INSURED: _____

LOCATIONS:

- 1. _____
- 2. _____
- 3. _____
- 4.. _____
- 5. _____
- 6. _____

	VAL. RV /ACV	1	2	3	4	5	6
Buildings							
Personal Property							
Office contents							
Equipment, Machinery							
Tenants improvements/betterments							
Stock – Raw Materials							
Stock in Process							
Finished Goods							
Leased Equipment							
Customer Goods							
Property of – Employees							
Government							
Others							
Total Personal Property							



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	VAL. RV /ACV	1	2	3	4	5	6
Miscellaneous							
Patterns, Molds – Insureds							
Others							
Data Processing - Equipment							
Media							
Valuable Papers & Records							
Fences							
Trees, Plants – Outdoors							
Signs (Outdoor)							
Yard Property							
Other							

Regarding Policy No. :

Company:

Expiration Date:

To whom it may Concern;

This will confirm that as of _____ we have appointed AEIFS, Inc. as our exclusive insurance agency. The appointment of AEIFS, Inc. rescinds all previous appointments and the authority contained herein shall remain in full force until cancelled in writing.

AEIFS, Inc. is hereby authorized to negotiate with any interested company as respects changes in existing insurance policies and in closing, changing, increasing or canceling insurance carried under temporary binders or cover notes. We understand, however, that they have no responsibility for any deficiencies in the insurance program to which this letter applies until they have had a reasonable opportunity to make a review and provide us with their recommendations.

This letter also constitutes your authority to furnish AIEF, Inc. representatives with all information they may request as it pertains to our insurance contracts, rates, rating schedules, surveys, reserves, retention, and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the insurance program to which this letter applies. We request that you do not communicate such information to anyone else.

This recognition of AEIFS, Inc. as our Broker entitles them to all commissions and service allowances paid by us in conjunction with their placement, installation and servicing of our insurance contracts.

Sincerely;