



HOUSEHOLD APPLIANCE & ELECTRONICS INSURANCE QUESTIONNAIRE

Named Insured:	Address:
Contact Name:	FEIN #:
Phone:	Other Entity Names:
E-mail:	Entity Type:
Website Address:	Effective Date Requested:

1. Are you a subsidiary of another entity or do you have any subsidiaries?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Any insurance coverage declined cancelled or non-renewed in the past 3 years?	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Any other business ventures for which coverage is not requested?	Y <input type="checkbox"/> N <input type="checkbox"/>

	Claims last 3 years	Current Insurance Company	Current Premium
Property:			
Premises or Product Liability:			
Employee Dishonesty			
Workers Compensation:			
Auto:			
Umbrella:			
Other:			

PROPERTY SECTION	Location 1	Location 2	Location 3
-------------------------	------------	------------	------------

1. Address:			
2. Building Replacement Value:			
3. Business Personal Property Replacement Cost			
4. Inventory Replacement Cost			
5. Year Built:			
6. Total Building Square Footage:			
7. Square Footage You Occupy:			
8. Building Construction Type:			
9. Is there a basement?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
PROTECTIVE MEASURES: (check all that apply)			
1. Building Sprinklered	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Building Central Alarm/Fire	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Building Central Alarm/Burglar	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4. In the past 5 years has there been any flooding in the areas around your location?	Y <input type="checkbox"/> N <input type="checkbox"/>		
5. Do you store inventory outside?	Y <input type="checkbox"/> N <input type="checkbox"/>		

GENERAL LIABILITY

Type of Product		Sales
Satellite dish installations		\$
Household Appliances and Electronics		\$
Used Household Appliances and Electronics		\$
Lawn & Garden		\$
Lawn and Garden Equipment Rental		\$
Lawn and Garden Repairs		\$
Nursery Operations		\$
Powersport or Recreational vehicles		\$
Used Cars/Trucks	____ Units per Year	\$
		\$
		\$
TOTAL SALES		\$

Total Projected Sales Next Fiscal Year	\$
--	----

1. Any operations sold, acquired, or discontinued in last five (5) years?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Do you demo any of your products?	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Do you have customers sign a Demo Waiver?	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Do you provide any winter/summer storage for customer’s motorcycles, ATVs, snowmobiles, PWC, etc.?	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Are you responsible for products shipped to you from your manufacturers?	Y <input type="checkbox"/> N <input type="checkbox"/>
6. 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.)	Y <input type="checkbox"/> N <input type="checkbox"/>
7. Are there any storage tanks above or below ground?	Y <input type="checkbox"/> N <input type="checkbox"/>

EXPLANATION OF ALL YES RESPONSES

AUTOMOBILE **Limit - \$1,000,000 Combined Single Limit**
Bodily Injury & Property Damage

Identify Drivers or attach a Drivers List

First Name:	Last Name	Date of Birth	Gender M/F	Driver's License #	State Issued	Personal Use Y/N

OWNED OR LEASED VEHICLES

List or attach a Vehicle List

VIN	Make	Model	Year	Cost New

1. Two or more years in business	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Hired Auto Liability Coverage – (covers the liability arising from the used of rented vehicles.) If Any	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Are there any vehicles owned by the business that will not be insured on policy	Y <input type="checkbox"/> N <input type="checkbox"/>

WORKERS COMPENSATION

Employers Liability	<input type="checkbox"/> \$100,000/\$500,000/\$100,000 <input type="checkbox"/> \$500,000/\$500,000/\$500,000 <input type="checkbox"/> \$1,000,000/\$1,000,000/\$1,000,000
Do you hire subcontractors?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you get insurance certificates?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you utilize a Return to Work Program (RTW)?	Y <input type="checkbox"/> N <input type="checkbox"/>

Number of Employees per Classification and Projected Payroll for Each Classification:

State	Class Code/Description	# of Employees	Payroll
	8044 / Store Furniture and Drivers		\$
	8742 / Salespersons		\$
	8810 / Office Clerical		\$
TOTAL PAYROLL:			\$

This class code applies in most states. If your state is an exception state, we will change the code to comply.

CRIME

LIMITS REQUESTED

Employee Theft	\$
Depositors Forgery	\$
Money In and Out	\$
In Transit	\$
Forgery	\$
Computer Fraud	\$
Funds Transfer Fraud	\$
Money Orders & Counterfeit Currency Fraud	\$
Credit Card Fraud	\$
Client Coverage	\$

1. Is there an accounting audit performed?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Audit frequency?	
3. Does the audit include inventory?	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Are bank deposits reconciled by someone not authorized to deposit or withdraw?	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Is countersignature of checks required? If not who signs?	Y <input type="checkbox"/> N <input type="checkbox"/>
6. What is the total value of assets in the company's 401k plan?	
7. Who is the current trustee of your 401k plan?	
8. Name of Accounting Firm	
9. Name of Law Firm	
10. Who currently processes your payroll?	
11. Do you run payroll weekly/bi-weekly/semi-monthly?	
12. If more than one owner, do you have a written Buy Sell Agreement?	Y <input type="checkbox"/> N <input type="checkbox"/>

UMBRELLA LIMITS REQUESTED: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 \$_____ OTHER

Our program provides the wide range of coverage limits listed below. Additionally, increased limits may be available.

Coverages Included

Accounts Receivable	Additional \$100,000
Additional Insured when required by Written Contract	Included
Aggregate Limit per Location – Premises Liability	included
Backup of Sewer & Drains	Included in Blanket Limit of \$250,000
Brands or Labels	BPP Limit
Debris Removal	Included in Blanket Limit of \$250,000
Extended Business Income and Extra Expense	Additional 90 Days
Business Income — Mobile Operations Vehicle	\$75,000
Business Income — Newly Acquired Constructed Property	Additional \$250,000
Business Income — Dependent Property	Additional \$15,000
Business Personal Property at Unnamed Locations	\$25,000
Claim Data Expense	Additional \$5,000
Computer Fraud	\$5,000
Deferred Payments	\$15,000
Electronic Data Processing Equipment (On Premises)	Included in Blanket Limit of \$250,000
Electronic Data Processing Equipment (Off Premises)	Additional \$25,000
Emergency Management	\$25,000
Emergency Vacating Expenses	\$10,000
Employee Dishonesty	Included in Blanket Limit of \$250,000
Employment Practices Liability	\$10,000*
Fine Arts	Included in Blanket Limit of \$250,000
Fiduciary Liability	\$10,000*
Franchise Agreement — Property Upgrade Extension	Up to \$100,000
Ingress/Egress	\$50,000
Limited Building Coverage — Tenant Obligation	\$5,000
Lost Key Consequential Loss	\$500
Newly Acquired or Constructed Business Personal Property	Additional \$250,000
Ordinance or Law — Demolition and Increased Cost of Construction	Included in Blanket Limit of \$250,000
Ordinance or Law — Increased Period of Restoration	Additional \$25,000
Outdoor Trees, Shrubs, Plants and Lawns	Included in Blanket Limit of \$250,000
Outdoor Signs	Included in Blanket Limit of \$250,000
Spoilage	Included in Blanket Limit of \$250,000
Unauthorized Business Credit/Debit Card Use	\$5,000
Utility Services — Direct Damage	\$10,000
Utility Services — Time Element	\$10,000
Valuable Papers and Records	Included in Blanket Limit of \$250,000
Waiver of Subrogation when required by Written Contract	Included

*Limits to \$500,000 available upon request

Do you require additional limits?	
If so, please advise	

Please send completed application to:

Alper Services, LLC

Attn: Gary Kirshenbaum

Vice President

410 N. Michigan Avenue, 12th Floor

Chicago, IL 60611

GKirshenbaum@AlperServices.com

PH: (312) 867-7306

FAX: (312) 944-7000