



## Risk/Exposure Analysis

Prepared for: _____
Date: _____
Individual(s) completing analysis: _____ _____ _____

**This survey will be used to gather information on your company's exposures to risk, and your current processes for managing risk.**

**There are no "right or wrong" answers.**

**There is no need to be evasive or hedge your answers.**

**Complete and true disclosure will help us in our analysis, which will only better help you to understand your exposure to loss, and better manage your company's risk management program.**

# Risk / Exposure Analysis

## I. General Account Information

Legal Name of Business:			
Mailing Address:			
Telephone No. (      )		FAX No.: (      )	

General Description of Business			
Major Services or Products Provided			
Standard Industrial Classification (SIC) code			
Type of entity (check appropriate box below)			
Corporation (S)	S	C	
Partnership (General)			
Partnership (Limited)			
Sole Proprietor			

	YES	NO
Subsidiary of Another Company ? If "YES", provide "Subsidiary Schedule"		
Controlled by Another Company ? If "YES", provide "Subsidiary Schedule"		

<i>Management</i>		
Title	Name	e-mail address
President		
COO		
CFO		
Controller		
Claims Administrator		
Plant Manager		
Safety Director		
Other:		

<i>Professional Services</i>			
Type Service	Firm / City / State	Person	Telephone
Accounting			(      )
Other			(      )

## II. Real & Personal Property Exposures

This section addresses your various exposures that affect your physical assets, such as buildings, equipment, stock & supplies, etc. There are many aspects to this analysis that are very important, including what types of properties exist at each location, the amount of such property, the valuation methods, etc.

### A. Schedule & Description of Properties that are Owned or Rented

	Location No. _____	Location No. _____	Location No. _____
Address			
Description of Operations			
Owned or Rented ?			
Title Holder if Owned			
Total Area (Sq. Ft.)			
Construction Type			
Year Built			
# Stories			
% Occupied	%	%	%
% Sprinklered	%	%	%
Local Fire Alarm (Yes or No)			
Central Station Fire Alarm (Yes or No)			
Burglar Alarm (Yes or No)			
Night Watchman (Yes or No)			
Exposure to Left (Describe)			
Exposure to Right (Describe)			
Exposure to Front (Describe)			
Exposure to Back (Describe)			
No. Employees			
Known major exposures (flood, sewer back-up, earthquake, etc.)			

## II. Real & Personal Property Exposures (cont.)

**B. Insurable Value Worksheets - After completing the remainder of this section please complete the "Insurable Value Worksheet" for each location.**

### C. Building Exposure Information

Real property coverage includes the building(s) or structure(s) as well as completed additions, fixtures, machinery and equipment, and property used to service and maintain the insured building(s) and premises. The form also extends to additions under construction, alterations, and repairs including materials within 100 feet of the premises.

	Location No. _____	Location No. _____	Location No. _____
Address			
Appraisal	Date _____ ACV \$ _____ RC \$ _____	Date _____ ACV \$ _____ RC \$ _____	Date _____ ACV \$ _____ RC \$ _____
Estimate of present building value - Replacement Cost	\$ _____	\$ _____	\$ _____
If this building were destroyed, would it be rebuilt?			
If this building were destroyed, would it be rebuilt at a different location?			
If this building were destroyed, would it be rebuilt for a different use / occupancy?			
Describe any local or state laws that restrict rebuilding in any way after loss.			
Annual rent	\$ _____	\$ _____	\$ _____
Describe any abatement provisions			
What insurance is required?			
Responsibility for repairs following Loss?			
Term of lease. Renewal option?			
Describe any bonus paid for lease			
Who pays for building services - heat, light, janitors, etc.			
Waiver of subrogation available - joint?			
Comparable quarters available - cost?	\$ _____	\$ _____	\$ _____
Amount of any leasehold improvements	\$ _____	\$ _____	\$ _____

**D. Inventory**

	Location No. _____	Location No. _____	Location No. _____
Raw Inventory at cost	Peak \$ _____ Low \$ _____	Peak \$ _____ Low \$ _____	Peak \$ _____ Low \$ _____
In Process Inventory at cost	Peak \$ _____ Low \$ _____	Peak \$ _____ Low \$ _____	Peak \$ _____ Low \$ _____
Finished Goods at selling price	Peak \$ _____ Low \$ _____	Peak \$ _____ Low \$ _____	Peak \$ _____ Low \$ _____
Describe seasonal fluctuations			

**E. Equipment**

	Location No. _____	Location No. _____	Location No. _____
Value of machinery	ACV \$ _____ RC \$ _____	ACV \$ _____ RC \$ _____	ACV \$ _____ RC \$ _____
Are there any machinery, equipment, tools, die, etc. that are absolutely essential to operations?			
Would any machinery or equipment be difficult to replace in a timely manner?			
Have any contingency plans been made to secure replacements or utilize a different process?			
If damage to equipment were to cause suspension of operations, what is the estimated daily loss?			
What is the maximum probable period of shutdown?			
What is your annual budget with respect to capital acquisitions of manufacturing equipment?	\$ _____	\$ _____	\$ _____
What is your estimated expense for service contracts on your equipment (including security systems, computer equipment, etc.)	\$ _____	\$ _____	\$ _____

**F. Tools, Dies, Property of Others, Furniture & Fixtures**

	Location No. _____	Location No. _____	Location No. _____
Value of tools, dies, patterns, models, forms, etc.	ACV \$ _____ RC \$ _____	ACV \$ _____ RC \$ _____	ACV \$ _____ RC \$ _____
Any personal property of vendors, customers or employees for which the organization is responsible?			
Value of property	\$ _____	\$ _____	\$ _____
Who is responsible for damage?			
Description of Clients property in custody of others			
Value of Clients property in custody of others	\$ _____	\$ _____	\$ _____
	Location No. _____	Location No. _____	Location No. _____
Who is responsible for damage?			
Value of unattached furniture, attached furniture and fixtures	\$ _____	\$ _____	\$ _____
Value of all permanently attached furniture and fixtures	\$ _____	\$ _____	\$ _____
Describe any unusual glass			
Describe any cameras, projectors, scientific instruments, sales samples, fine arts, exhibits or other floater type objects.			
Value of such objects	\$ _____	\$ _____	\$ _____
Describe signs on and off premises			

**G. Valuable Papers**

Coverage is provided to pay for the cost of researching and restoring information contained in valuable papers and records, including information stored on computer media.

	Location No. _____	Location No. _____	Location No. _____
Describe valuable papers, records, drawings			
Describe duplication of valuable papers			
Describe property of others in custody of Client - consignment, customer, concessionaires			
Value of property of others	\$ _____	\$ _____	\$ _____
Reproduction cost of valuable papers	\$ _____	\$ _____	\$ _____

**H. Electronic Data Processing**

	Location No.	Location No.	Location No.
Value of owned equipment	\$ _____	\$ _____	\$ _____
Value of leased equipment	\$ _____	\$ _____	\$ _____
Leased from whom			
Responsibility for damage			
Cost to replace media (estimate)	\$ _____	\$ _____	\$ _____
Describe duplication - programs, media, source material, location.			
Describe availability of alternate facilities			
Describe potential business interruption			

**I. Accounts Receivable**

This insurance is used to reimburse you when customer accounts are rendered uncollectible because of a loss by a covered peril.

	Location No.	Location No.	Location No.
Accounts receivable -Maximum value -Minimum value -Average value -Avg. no. accounts			
Describe duplication of documents off premises			
Describe effect of destruction - need for insurance			
Does the Company purchase Credit Insurance?			
Has the Company experienced any "bad debt" situations in the past?			
Does the Company engage in international trade? If yes, how is credit facilitated?			

**J. Land Transportation**

Covers the damage or destruction of personal property while in the course of transit. Shipments can be by truck, railcar, aircraft or any other means of overland transportation (except by boat).

	Location No.	Location No.	Location No.
Type of goods shipped			
Annual value of good shipped	\$ _____	\$ _____	\$ _____
Maximum value per shipment	\$ _____	\$ _____	\$ _____
Average value per shipment	\$ _____	\$ _____	\$ _____
Terms of sale on incoming shipments			
Terms of sale on outgoing shipments			

Do you have any open accounts or financial arrangements that require an LOC?			
Any products subject to loss of refrigeration?			
Any products subject to contamination?			

**K. Ocean Cargo**

Covers the damage or destruction of personal property while in the course of transit by boat (inland waterways or on the ocean)

	Location No.	Location No.	Location No.
Type of goods shipped			
Annual value of good shipped	\$	\$	\$
Indicate percentage of Free-on-Board shipments	%	%	%
Which entity assumes shipping costs?			
Describe terms of sale on all incoming shipments?			
When does title pass on incoming shipments?			
When does title pass on outgoing shipments?			
Describe type of bill of lading received / accepted from carrier.			
Once goods land how/who are they transported to you?			
Are any goods stored in public warehouses?			

**III. Time Element Exposures**

This insurance is used to cover the loss of income that results from the suspension of business when your property has been damaged by a covered peril. Under this form, extra expense and rental value insurance are also included without monthly limitations.

**I. General Information**

	Location No.	Location No.	Location No.
Would it be absolutely essential to resume operations immediately following a catastrophe regardless of cost ? (Yes /No)			
If yes, could operations be relocated to a temporary location?			
Has a business income worksheet been completed for this location?			
Has an extra expense worksheet been completed for this location?			
Is there a written contingency plan in effect to implement a resumption of operations?			
Is there a written disaster recovery plan in effect? (if yes, obtain copy)			

**B. Service Interruption**

	Location No. _____		Location No. _____		Location No. _____	
Would interruption of the following severely impact operations?						
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Electricity						
Steam						
Water						
Telephones						
T-1 or similar High Speed Data Line						
Fuel Oil Delivery						
Other _____						
If "YES," describe						

**C. Contingent Exposures**

	Location No. _____		Location No. _____		Location No. _____	
Do you depend on any major suppliers of component parts, materials, etc? Location?						
	Location No. _____		Location No. _____		Location No. _____	
Alternate supplies available?						
Any key customers or distributors on which you depend to sell your product or service?						

**D. Payroll Exposure**

	Location No. _____		Location No. _____		Location No. _____	
In the event the business was interrupted, would you need or desire to keep payroll on these categories of employees during the period of interruption? If yes, for what duration?						
	<b>Yes/Duration</b>	<b>No</b>	<b>Yes/ Duration</b>	<b>No</b>	<b>Yes/Duration</b>	<b>No</b>
Management						
Clerical Staff						
Sales & Marketing						
Skilled labor						
Unskilled labor						
Other _____						

(Duration = 90 days, 180 days, or indefinite)

**F. Extended Period of Indemnity Exposures**

	Location No.	Location No.	Location No.
If you have a shutdown for an extended period of time, would you lose customers? If so, what is the extent of sales (%) you would expect to lose, and the length of time you feel it would take to recapture these lost sales.			
Any "peak" seasons in your business? if so, describe.			

**IV. Boiler & Machinery**

	Location No.	Location No.	Location No.
Boilers?			
Unfired pressure vessels?			
Air conditioning?			
Misc. Electrical apparatus?			
Production machinery?			
Owned transformers?			
Non-owned transformers?			
Which of the above items would cause business interruption if damaged?			
Estimated maximum period of interruption			
Describe alternate sources of power or electricity			

## V. Employee Dishonesty Exposures

	Location No.	Location No.	Location No.
Discuss your inventory that is may be susceptible to theft			
Maximum amount of cash, security and checks on premises at any time?	\$	\$	\$
Messengers used to carry cash?			
How much?	\$	\$	\$
Do salesmen, truck drivers, etc. carry cash?			
How much?	\$	\$	\$
Does Client have a profit sharing / 401-K plan? (Yes / No)			
Name of plans.			
Assets in each plan?			
Trustees in each plan			
Are trustees covered under a Fiduciary Liability policy? (Yes or No)			
Who is the plan administrator? (Insurance company, accountant, etc.)			

## VI. Automobile Liability Exposures

### A. Attach Automobile Schedule

**B. Use of Vehicles**

					YES	NO
Do any employees, executives, or directors have a "company car"?						
Do these individuals, or their family members, use this "company car" on personal business? (Drive other Car exposure)						
Do you have a written policy regarding personal use of business owned vehicles?						
Do you have a written policy regarding the payment of physical damage deductibles in the event of a collision or comprehensive loss?						
Are any company trucks that transport or tow:						
		<b>OFTEN</b>	<b>OCCASIONALLY</b>	<b>NEVER</b>		
Hazardous Substances						
Butane, propane, or other gases?						
Employees?						
Public?						
Non-owned trailers?						
Extra-wide loads?						
					YES	NO
Are any of the trucks required to make statutory filings? (ICC, etc.)						
If so, what type(s) of filings?						
Approximate number of employees who regularly drive their personal autos on company business?						
					YES	NO
Any employee's transportation to work arranged or provided by the organization?						
Does the organization ever borrow or hire vehicles?						
Do you have a policy for rental vehicles?						
Estimated rental days / year (total)						
Estimated private passenger rental days						
Total commercial truck rental days						
					YES	NO
Any insurance provided with rental agreements?						
Is there a company policy regarding the optional "collision coverage" and "personal accident coverage" offered by these rental organizations? If so, what is the policy? Obtain a copy if available.						
Do employees ever drive cars belonging to customers?						
Do you ever lease or loan vehicles to others?						
Do you own or sponsor a car for racing?						
Are any of your vehicles equipped with or contain:						
		<b>ALL</b>	<b>SOME</b>	<b>NONE</b>		
Audio, visual or data equipment						
Tapes, records, and discus						
					YES	NO
Any concentrated vehicle exposure?						
If "YES," Indicate principal place(s) of garaging and relative values exposed to physical damage at any one time on the chart below :						
Location	No. of Private Passenger	No. Trucks	Maximum Value Exposed	Minimum Value Exposed		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		



### VIII. Contractual Liability Exposures

Do you require certificates for:					
	<b>YES</b>	<b>NO</b>	<b>AMOUNT REQUIRED</b>		
Contractors					
Subcontractors					
Materials / parts suppliers					
				<b>YES</b>	<b>NO</b>
If certificates are required, is there a "tickler" / follow-up system to assure that current certificates are always on file?					
If "YES," who follows up to make sure this is carried out?					
Does you have a standard hold harmless clause that it attempts to implement in all contracts with suppliers and service providers?					
Do you ever require others to name you as additional insured on the "others" liability insurance?					
Do you have contracts in which you assume liability for the action of others?					
				<b>YES</b>	<b>NO</b>
In such cases, are certificates of insurance required?					
In such cases, have the certificates of insurance been furnished?					
Obtain a copy of all contracts for review where indicated "YES" above.					
Does your firm use a third party source to remove and dispose of hazardous wastes? If "YES", obtain a copy of the service agreement for review					
If "YES," do you obtain a certificate of insurance from the third party waste hauling / disposal service? If "YES," obtain a copy of the certificate for review.					
Do you use temporary labor or PEO organization? If "YES," obtain a copy of the service agreement for review.					
				<b>YES</b>	<b>NO</b>
If "YES," do you obtain a certificate of insurance from the third party leasing company?					
If "YES," obtain a copy of the certificate for review.					



					YES	NO
Do you have foreign operations? If "YES," fill in the chart below :						
Country	# U.S. Nationals	# Foreign Nationals	Type of Work	Are compulsory insurance requirements known & complied with ?		

	YES	NO
Do you have any employees that work or travel to foreign countries? (KR&E)		
If foreign travel includes any "Hot-Spot" destinations does the company have a written procedure for checking State Dept. guidelines or advising employee of local risks?		
Does the organization perform operations on or have employees who regularly work on foreign U.S. Defense Bases or public works projects outside the U.S.?		
Does the organization own, rent, or operate or are operations performed on docks, piers, wharves, etc. (USL&H)		

	YES	NO
Does the organization own or operate any ships, boats, barges, or would employees have any occasion to work aboard such conveyances?		
Are any operations performed on the Outer Continental Shelf?		
Does the organization employ or use any of the following types of workers that may not be subject to the workers compensation law?		

	States	Operations	Other Details
Farm workers			
"Casual" (irregular, special job) employees			
Domestic employees			
Volunteers			

	YES	NO
Does the organization ever employ seasonal agricultural workers (Migrant and Seasonal Agricultural Workers Compensation Act)?		
Does the organization own a railroad (FELA)?		

## XI. Management Liability & Related Issues

Total Number of Directors:		
Total Number of Outside Directors:		
Total Number of Corporate Officers:		
	YES	NO
Do directors sit on outside boards?		
Do by-laws allow indemnification of Directors and Officers? If "YES," obtain a copy.		
Has the company purchased a Director & Officer's Liability policy? If "YES", obtain a copy.		
Has the company purchased an Employment Practice Liability policy? If "YES", obtain a copy.		
Is there a perpetuation plan in place?		
Is there a Buy-Sell agreement in place? Obtain copies or at least an explanation of any coverage provided.		
If "YES," does it contemplate death?		
If "YES," does it contemplate long-term disability?		

List key personnel necessary to continue operations, continue sales volume, continue research and development, or otherwise necessary for continued business prosperity (see chart below) :					
Name	Title	Function	Age	Est. Economic Value	
				YES	NO
Is there "Key Man" life insurance on any of the key personnel identified above? If "YES,; obtain copy of policy, or at least a coverage summary.					
Is there "Key Man" disability insurance on any of the key personnel identified above? If "YES,; obtain copy of policy, or at least a coverage summary.					
Is there Kidnap & Ransom coverage for the key personnel identified above?					
Do any employees regularly travel on temporary assignment overseas or is any overseas travel planned for the next 12 months?					
If so, list countries, number of personnel, activities, family members attending)					

## **XII. Employee Benefits**

			YES	NO
Group medical benefits provided?				
	Fully-funded?			
	Partially self-funded?			
	Fully self-insured?			
Group life insurance provided?				
Long-term disability provided?				
Short-term disability provided?				
Group dental provided?				
Voluntary benefits provided? If so, describe which benefits are offered.				
Deferred compensation plan for key executives?				
Carve-out disability coverage provided for highly paid executives?				