



125 Park Avenue, Third Floor (212) 697-1010
New York, NY 10017 (212) 986-2822 (fax)

(800) 964-4454
al@buttine.com

AAAA Business Owner's Insurance Program

Please complete the form below and either E-mail, fax or mail back to our office.

Agency _____

Contact _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip Code _____

Web Site _____ E-mail _____

Current insurance company _____ Current Premium _____ Renewal Date _____

PROPERTY

Building \$ _____ Computer hardware \$ _____

Personal property (including office alterations) \$ _____ Other \$ _____

Deductible \$ _____

Office area (usable Sq. Feet) _____

Alarm: Yes ___ No ___ Central Station: Yes ___ No ___ Fire: Yes ___ No ___

Burglary: Yes ___ No ___ Sprinkler System: Yes ___ No ___

Construction of Building _____ Year building was constructed _____

Do you use high power lighting for Photo or Video work? Yes ___ No ___

Do you use any toxic or flammable materials for art work? Yes ___ No ___

Is computer equipment protected by fire protection & suppression devised? Yes ___ No ___

How often do you back up all computer data? _____

Is back up stored off premises? Yes ___ No ___ Please describe back up facility _____

Is computer equipment & media located above ground level? Yes ___ No ___

If you own the building you occupy and lease to others, please provide tenant list.

OPERATIONS

Gross Billings \$ _____ Gross Revenue \$ _____

Name of retirement plan: _____

Retirement plan current value \$ _____

Number of employee's _____ Annual Payroll _____

Do you require release forms to be signed by anyone appearing in a photograph, film or videotape? Yes ___ No ___

Do you have a film crew? Yes ___ No ___

Do you hold parties or promotional events on your premises? Yes ___ No ___

What percentage of your revenue comes from the following activities?

- Public relations consultant _____ %
- Publishing _____ %
- Production of films, video or commercials _____ %
- Production of radio material _____ %
- Photo service _____ %
- Mail order or catalog sales _____ %
- Package design _____ %
- Creative website design _____ %
- Website/Software Engineering _____ %

Do you have any operations other than your office operations? Yes ___ No ___

If so, please describe _____

ADDITIONAL LOCATIONS

Location Address Building Limits Personal Property Computers

1. _____

2. _____

3. _____

4. _____

I. OUTSIDE AUDIT

Is there an audit by a Public Accountant? Yes No

If "Yes", please complete the following:

1. Is the Public Accountant's opinion unqualified? Yes No
2. Is the audit conducted at least annually? Yes No
3. Is it unannounced and at irregular intervals? Yes No
4. Does it include all interests and locations? Yes No
5. Are all locations visited by the Public Accountant? Yes No
6. Have all recommendations made by Public Accountant been adopted? Yes No
7. Are audit reports sent directly to the Owner, Partners or Directors? Yes No

II. INTERNAL AUDIT

Is there a full time professional staff Auditor? Yes No

If "Yes", please complete the following:

1. Does the staff Auditor conduct an audit at least annually? Yes No
2. Is there a written audit program? Yes No
3. Does Auditor have authority to check anyone & any record at any time? Yes No
4. Are Auditor's reports made directly to the Owner, Partners or Directors? Yes No
5. Is a strict policy followed that the Auditor never originates entries? Yes No
6. Are all income and expense accounts compared with previous periods and periods and reported to the Owner, Partners or Directors, and are any wide variations shown by these comparative statements accounted for? Yes No
7. Are trial balances of all ledgers run regularly by someone other than the person(s) responsible for the maintenance of the bookkeeping records and are these reported to the Auditor? Yes No

III. INTERNAL CONTROLS**Bank Accounts**

1. Are bank accounts reconciled at least monthly? Yes No
2. Is person who reconciles prohibited from maintaining bank account records? Yes No
3. Are all persons having authority to make bank deposits or withdrawals prohibited from either maintaining records or reconciling the bank accounts? Yes No

CHECKS

4. Is countersignature of all checks required? Yes No
5. Do vouchers/other supporting records accompany all checks to be signed? Yes No
6. Are vouchers/other supporting records stamped "Paid" when checks are signed? Yes No

SECURITIES

7. Are securities kept in a safe deposit box? Yes No
8. Are securities subject to joint control of two or more responsible employees? Yes No
9. Are securities inventoried at least annually by persons who do not control them? Yes No

ACCOUNTS RECEIVABLE

10. Are at least 1/3 of the accounts receivable periodically verified, by direct contact with customers, by persons not responsible for maintain cash receipts or accounts receivable records? Yes No

PAYROLL

11. Is the payroll made up by persons other than those who distribute it to employees? Yes No
12. Are all persons who are authorized to hire or fire employees prohibited from distributing the Payroll? Yes No
13. Is positive identification required of each person receiving pay? Yes No

INVENTORY

14. Are inventory control records maintained? Yes No
15. Is there a complete inventory by physical count at least annually of:
- | | | |
|-------------------|------------------------------|-----------------------------|
| Raw Material | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Good in Process | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Finished Products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

16. Are inventory physical counts made by persons who do not have custody or control of either the property or inventory control records? Yes No
17. If there are significant differences between the physical count and inventory records, will management conduct a complete investigation to determine the cause? Yes No

SHIPPING & RECEIVING

18. Are all persons engaged in purchase or sales activities prohibited from taking part in shipping or receiving activities? Yes No
19. Are all shipping and receiving activities reconciled to applicable sale or purchase orders or other evidence of sale, purchase or transfer? Yes No

IV. SUPERVISION BY OWNER

Is there personal supervision of business activities on a daily basis by an Owner, Partner or Director? Yes No

If "Yes", please complete the following:

Does the Owner, Partner or Director:

- | | |
|--|--|
| 1. Deposit all cash receipts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Require all payments (except petty cash) to be made by check? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Sign or countersign all checks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Check petty cash periodically? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Verify periodically, at least on a test basis, accounts receivable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Reconcile bank accounts monthly? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Receive and open all mail? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Verify all shipping and receiving activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Review journal entries periodically? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

AUTOMOBILE

Automobiles – Please provide a list of owned autos with the following information:

<u>Vehicle Year</u>	<u>Make</u>	<u>Model</u>	<u>Cost New</u>	<u>VIN # (17-digits)</u>	<u>Garage Location/Zip Code</u>
---------------------	-------------	--------------	-----------------	--------------------------	---------------------------------

Driver Information – Please provide Name, Date of Birth & License Number for each driver. Also, if there is a company policy on use of company autos by family members, please describe.

To complete your application, please submit:

Five year claim history report – see attached sample letter to obtain.

Signature & Title of Applicant

Date



AGENCY LETTERHEAD STATIONERY

DATE

NAME AND ADDRESS OF INSURANCE COMPANY

(Fill in names and policy numbers for all policies written by insurance company:)

- a. Type of policy & policy no. (ie: Property/Liability)
- b. Type of policy & policy no. (ie: Auto)
- c. Type of policy & policy no. (ie: Umbrella)

Sir/Madam:

Please send a list of all claims and losses reported in the past five years for the captioned policy (ies) to:

Mary Beth Ryan, Vice President
John Buttine, Inc.
125 Park Avenue, 3rd Floor
New York, NY 10017

We appreciate your prompt attention to our request. Thank you for your assistance.

If you need additional information, please call me.

Name of Company Officer
Title