

The American Association of Woodturners Worksheet

Business Name: _____ **AAW Member Number :** _____
Address: _____ **Contact Name:** _____
City, State, Zip: _____ **Phone:** _____
Business website: _____ **Fax:** _____
Email: _____ **Tax ID:** _____

Business Entity Type : **Individual** **Corporation** **LLC** **Partnership**

Currently Insured? **Yes** **No** **If Yes, name of current carrier:** _____

Date Coverage needed / Renewal date: _____

Years experience in industry: _____ **Year business started:** _____

Gross Annual Receipts: _____ **Sq ft of Shop /Studio:** _____

Description of business operations: _____

Any Claims or Losses against the business in the last 5 years? **Yes** **No**

If so, please describe: _____

Liability Limits desired: **1mill/2mill** **2mill/4mill**

Do you teach classes **If so how many students yearly**

Do you lease space your shop/studio is in? **Do you own & need coverage on the building?** **Amount:** _____

Estimated year building was built: _____ **No. of Stories:** _____

Type of construction (frame, masonry, etc): _____

Alarm system? **Smoke detectors?** **Sprinkler system?**

Value of the office equipment? **Other Equipment ?** **Stock/Inventory?**

Do you ship items to your clients? **Average value shipped?**

Do you have a booth at trade shows or exhibitions? **Avg. No.** **Avg. Value of merchandise**

Do you have vehicles you want to insure? **Yes** **No**

Year: _____ **Make:** _____ **Model:** _____ **VIN:** _____

WORKMANS COMPENSATION:

Number of Employees	Classification/Description)	Gross Payroll
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Fill out form, then either save to a file and attach to an email to, fax to, or print and mail to:

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