

# 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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