

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 Yes If so how many students yearly

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

Estimated year building was built: No. of Stories:

Type of construction (frame, masonry, etc):

Alarm system? Yes Smoke detectors? Yes Sprinkler system? Yes

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

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

Do you have a booth at trade shows or exhibitions? Yes 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

Fill out form, then either save to a file and attach to an email to, fax to, or print and mail to:

Michael George
AMJ Insurance, Inc.
7150 Winton Drive, Suite 300
Indianapolis, Indiana 46268

Phone: 888-258-6820 EXT.172 Direct 317-735-4072
Fax: 800-852-6810
Email: mgeorge@benefitresourcing.com
Web Site: www.benefitresourcing.net