

ABMA AMERICAN BRUSH MANUFACTURERS ASSOCIATION

2006 Data Collection Survey

Somewhere within these pages, there may be a million dollar idea for your company!



This material is provided to Association members so that each member company can use it in making its own individual decisions regarding the operation of its business.

AMERICAN BRUSH MANUFACTURERS ASSOCIATION
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June 29, 2006

To: Key Contacts at Participating ABMA Member Companies

Data Collection Survey

As a participant in the 2006 Data Collection Survey, please find enclosed your copy of the compiled results. 31 companies submitted data versus 33 in 1999 and 41 in 2003.

This effort grew out of activities begun in the Statistical Committee of the Industrial Brush Division. After the Vision 2000 exercise during the 1998 Annual Convention, the ABMA Board decided to broaden the scope of this survey and reach out to the entire membership.

Please review the output of this survey. To make these surveys of more value to you and your peers in managing your businesses, your feedback is needed. Please contact one of the following individuals with your comments or suggestions:

1. Jeff Malish of The Malish Corporation at (440) 951-5356 x 178 or jeffm@malish.com.
2. Dave Parr of ABMA Staff at (630) 631-5217 or dparr@abma.org.

Thank you for participating in another ABMA member value program. Please talk to your peers and let them know what they missed by not participating.

Sincerely yours,

A handwritten signature in black ink, appearing to read "David C. Parr", is written over a light gray circular stamp.

David C. Parr
Executive Director

Enclosures

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31 Participating Companies

A. Health Insurance Data

1. Premium Rates Per Month – Hourly and Salary Employees where benefits are equal. In cases where benefits are unequal list Hourly employees below and Salary employees in 2. **(Responses (R)=27)**

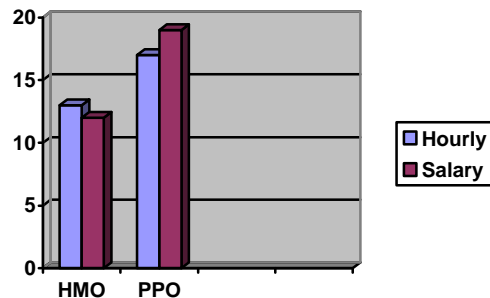
	Company Portion		Employee Portion		Total Premium	
	<u>Ave</u>	<u>Median</u>	<u>Ave</u>	<u>Median</u>	<u>Ave</u>	<u>Median</u>
a) Single Coverage	239.49	227.00	52.31	52.83	291.80	279.83
b) Husband/Wife Coverage	451.20	423.30	228.54	210.26	679.74	633.56
c) Family Coverage	572.74	534.00	291.00	252.79	863.74	786.79
d) Employee & children	442.44	358.00	233.74	211.00	676.17	569.00

2. Premium Rates Per Month – Salary Employees only for companies where benefit structure is unequal. **(R=2)**

	Company Portion		Employee Portion		Total Premium	
	<u>Ave</u>	<u>Median</u>	<u>Ave</u>	<u>Median</u>	<u>Ave</u>	<u>Median</u>
e) Single Coverage	246.98	246.98	74.16	74.16	321.14	321.14
f) Husband/Wife Coverage	514.31	514.31	153.44	153.44	667.75	667.75
g) Family Coverage	761.93	761.93	220.98	220.98	982.91	982.91
h) Employee & children	476.77	476.77	138.72	138.72	615.49	615.49

3. Is your current plan an:

	Hourly	Salary
a) HMO (Health Maintenance Organization)	13	12
b) PPO (Preferred Provider Organization)	17	19
c) Indemnity Plan	0	0



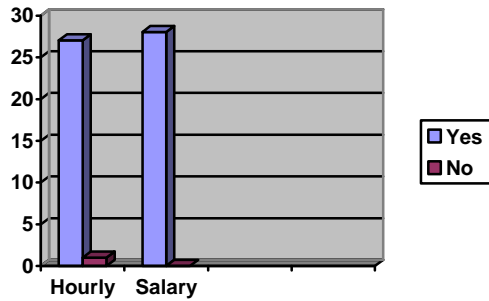
4. Are you pooling your health insurance program with other organizations to achieve lower rates? (**R=27**)

	Hourly		Salary
	23 Yes	4 No	23 Yes 4 No



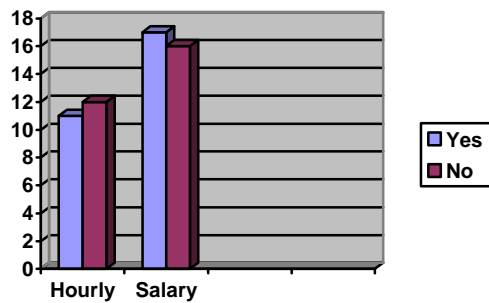
5. Do you have a Prescription plan? (**R=28**)

	Hourly		Salary
	27 Yes	1 No	28 Yes 0 No



6. Do you have a Vision Care plan? (**R=28**)

	Hourly		Salary
	11 Yes	17 No	12 Yes 16 No



7. Do you have a Dental plan? (R=28)

Hourly
19 Yes 9 No

Salary
19 Yes 9 No



8. Do you have a LTD plan? (R=28)
Long Term Disability

Hourly
10 Yes 18 No

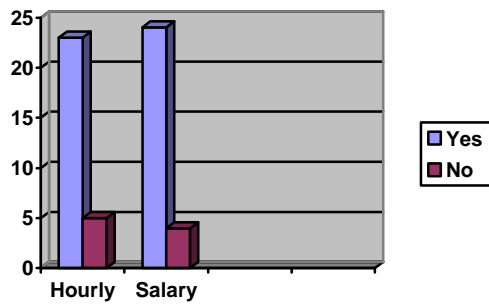
Salary
15 Yes 13 No



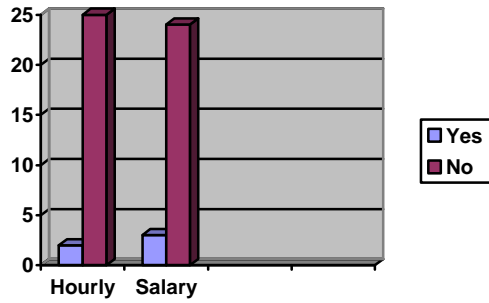
9. Do you have a Life Insurance Program? (R=28)

Hourly
23 Yes 5 No

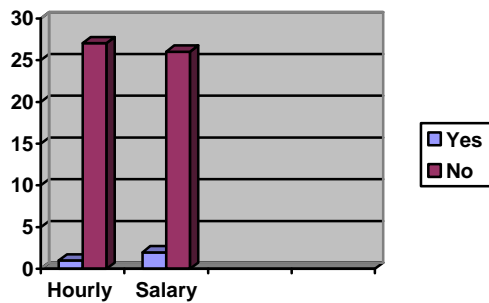
Salary
24 Yes 4 No



10. Do you have a Travel Insurance Program? **(R=27)** **Hourly** **Salary**
 2 Yes 25 No 3 Yes 24 No



11. Do you have a Long Term Care (LTC) program? **(R=28)** **Hourly** **Salary**
 1 Yes 27 No 2 Yes 26 No



12. Do you offer an Employee Assistance Program? **(R=28)** **Hourly** **Salary**
 23 Yes 5 No 23 Yes 5 No



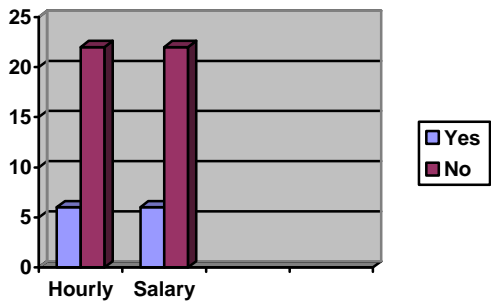
13. Do you have a Health Savings Account (HSA)? **(R=28)**

Hourly		Salary	
1 Yes	27 No	0 Yes	28 No



14. Do you have a Health Reimbursement Acct (HRA)? **(R=28)**

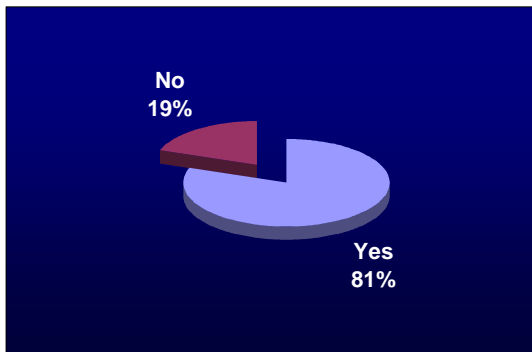
Hourly		Salary	
6 Yes	22 No	6 Yes	22 No



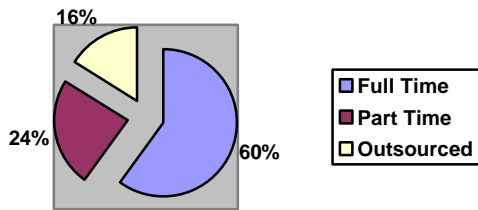
B. Safety & Human Resources

1. Do you offer a formal Safety Program? **(R=31)**

25 Yes	6 No
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2. The person responsible for this program is 15 Full time 6 Part time 4 Outsourced
(R=25)



If part time, what job function is responsible for safety training and enforcement?

Production Supervisor, Supervisor, President, Production Mgr., HR – 1ea.

3. Loss Time Analysis	Median	Minimum	Maximum
a) Number of injuries per year resulting in lost work days?	1.00	0	10
b) Number of lost work days per year,			
1) Due to injuries	4.00	0	551
2) Due to illness	0.00	0	160
c) Total number of employees in work force?	47.5	1	358

4. Do you require drug and alcohol testing? (R=31)	20	Yes	11	No
(Check as appropriate)				
a) Pre-employment (R=27)	19	Yes	7	No
b) Accident related (R=23)	16	Yes	7	No
c) Other, please describe				

Reasonable Cause (2)

C. Freight Data

1. What percentage of your small packages do you ship with the following carriers?

(R=26)	Median	Minimum	Maximum
a) DHL	1	0	80
b) Federal Express	10	0	99
c) United Parcel Service - UPS	90	0	100
d) U.S. Postal Service	2	0	100
e) Other	1	0	70

2. What are the freight Classifications that you use for your Common Carrier shipments? (R=25)

70 – (19 responses)

85 – (5)

60, 65 – (4)

50, 55, 125 – (2)

75, 77.5, 80, 150, 9603.5, 33010, 33100, 33220, 33240, 49265 - (1)

3. What are your respective discount levels for LTL (Less Than Truck Load) shipments?

(R=25)

	Median	Minimum	Maximum
a) Your highest discount	71.5%	45%	81%
b) Your lowest discount	55.0%	0%	74%
c) Your average discount	67.0%	9%	77%

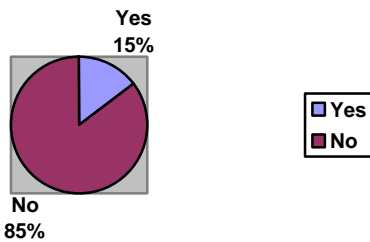
4. What percentage of your freight is sent FOB shipping point versus FOB destination?

(R=27)

	Median	Minimum	Maximum
a) FOB shipping point	90	0	100
b) FOB destination	20	0	100

5. Do you offer inbound freight allowances for refill or reworked brushes or mops/brooms? (R=27)

4 Yes 23 No



6. Do you have your own company trucks for delivery? (R=29)

5 Yes 25 No

If so, how many?

Median	Minimum	Maximum
1	1	2

D. ORDER DATA

1. What is your standard lead time on shipment of the following:

(R=31)

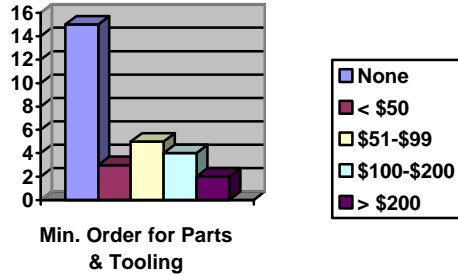
	SAME DAY	1-2 DAYS	3-6 DAYS	1-2 WKS	2-5 WKS.	6+ WKS.
a) Stock items	12	12	7	0	0	0
b) Custom items	0	0	4	8	15	3
c) Rework items	0	2	4	12	2	1

2. Where do you warehouse stock items? (Select all that may apply) (R=31)

a) On-site Company owned warehouse	31
b) Off-site Company owned warehouse	3
c) Off-site Public warehouse	4

3. What is your minimum order value for parts and tooling? (R=29)

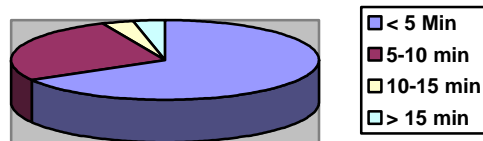
None		15
Less than	\$50	3
	\$51 - \$99	5
	\$100 - \$199	4
Greater than	\$200	2



4. How long does it take to enter an order? (R=30)

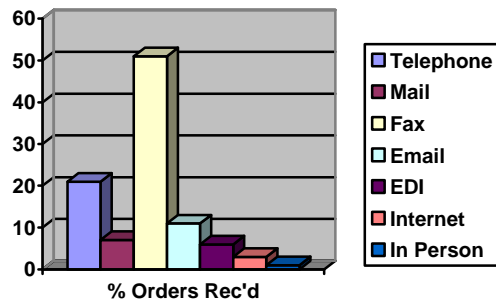
Less than	5 minutes	20
	5 -10 minutes	8
	10-15 minutes	1
Greater than	15 minutes	1

Order Entry Time



5. By percentage, please indicate how you receive an order? (R=30) Average

Telephone	21%	EDI	6%
Mail	7%	Internet	3%
Fax	51%	In Person	1%
E-mail	11%	(Trade Show, etc.)	

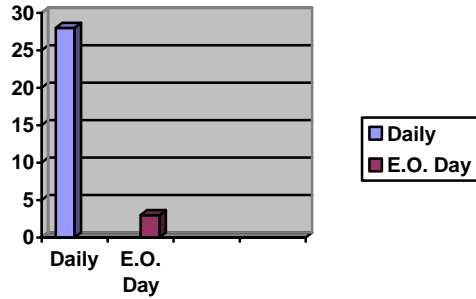


6. Do you invoice orders? (R=31)

28 Daily

3 Every other day

0 Weekly



7. What are your "Normal" payment terms? (R=30)

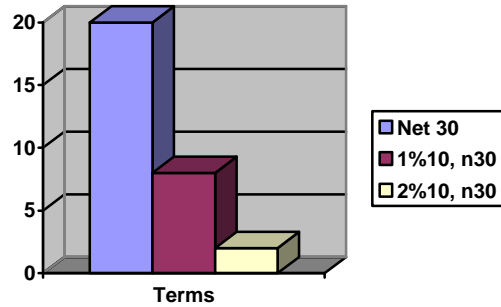
20 Net 30

8 1%/10 Net 30

2 2%/10 Net 30

0 Other discounts available

0 Terms beyond 30 days



8. Do you accept credit cards for orders? (R=31)

20 Yes

11 No

9. Do you send out order acknowledgments? (R=31)

19 Yes

11 No

10. Do you send out MSDS sheets with orders? (R=30)

5 Yes

25 No

11. Do your customers require letters of certification (R=31)

16 Yes

15 No

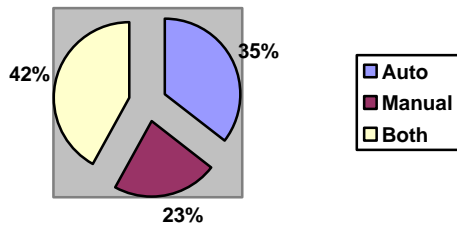
on your products? If yes, what percentage: **Median=5.00**

12. Is your pricing done (R=31)

11 Automatically

7 Manually

13 Both

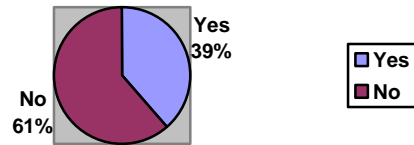


E. COMPUTER INTEGRATION DATA

1. Do you have a main frame system? (R=31)

12 Yes

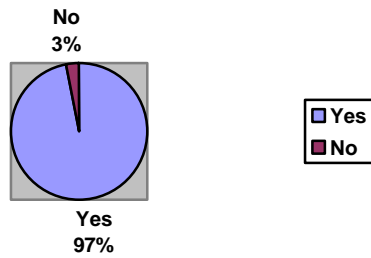
19 No



2. Do you have a PC Network? (R=31)

30 Yes

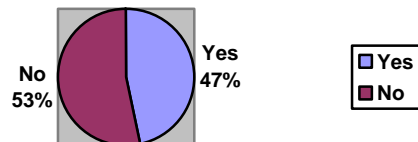
1 No



3. Does your staff run CAD? (R=30)

14 Yes

16 No



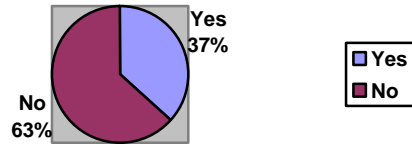
4. Are you computer linked by EDI (Electronic Data Interchange) to any of your customers? **(R=30)**

If Yes, what percentage?

11 Yes

19 No

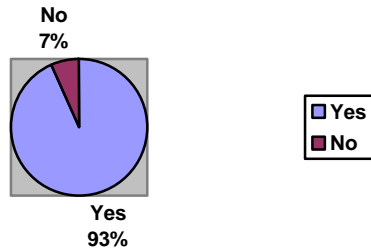
Average=7.27% Mean=2.0% (R=11)



5. Do you have a web site? **(R=30)**

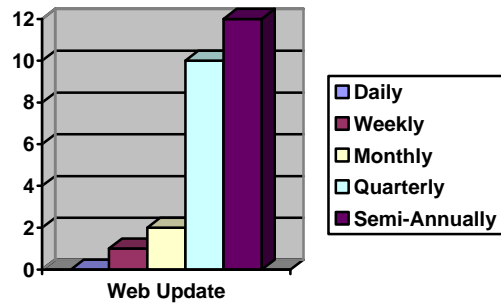
28 Yes

2 No



If yes, how often is it updated? **(R=24)**

0 Daily 1 Weekly 2 Monthly 10 Quarterly 11 Semi-Annually or less frequently



6. Do you use E-mail? (R=29)

29 Yes

0 No

7. Do you use RFID? (R=28)

1 Yes

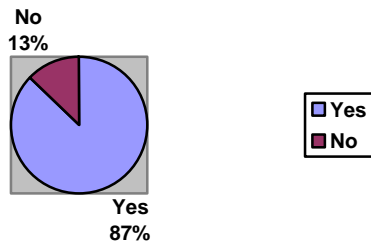
27 No

F. Quality Assurance Programs

1. Do you have a Quality Assurance Program? (R=31)

27 Yes

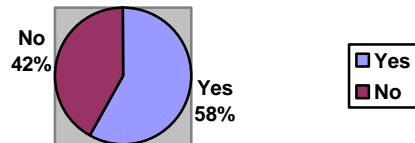
4 No



2. Is it a formal written program? (R=31)

18 Yes

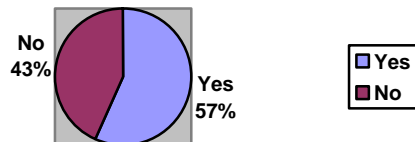
13 No



3. Do you have a quality manager? (R=30)

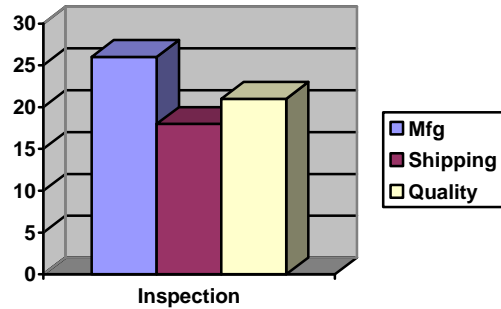
17 Yes

13 No



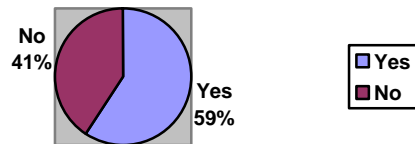
4. Who does your inspecting?

- a) Manufacturing Personnel 25 Yes
- b) Shipping Personnel 16 Yes
- c) Quality Personnel 19 Yes



5. Do you provide a product warranty? (R=27)

- 16 Yes
- 11 No

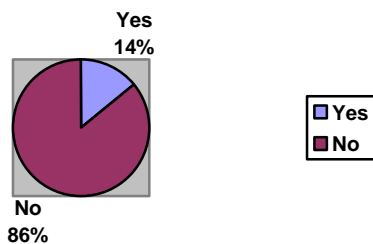


6. Is your primary manufacturing location ISO certified?

- 4 Yes
- 24 No

a) If yes, which designation?

- 3 ISO9001
- 1 ISO9002
- 0 ISO14000



b) If no, do you intend to pursue ISO certification within the next two years?

- 5 Yes
- 20 No

If yes, which designation?

- 3 ISO9001
- 1 ISO9002
- 0 ISO14000

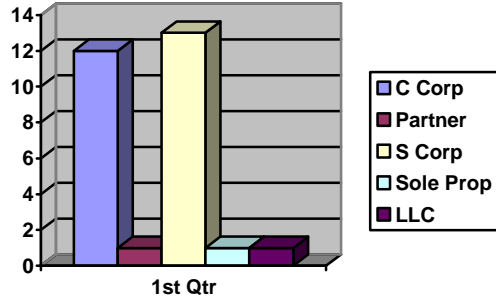
G. Financial Data

1. What type of entity is your company?

12 C Corporation
1 Sole Proprietor

1 Partnership
1 LLC

13 S Corporation



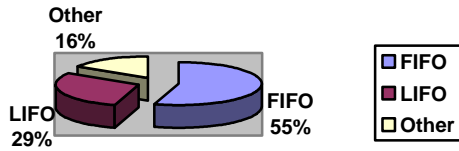
2. Are you a 0 Public Company? 31 Privately Owned Company?

3. What is your inventory basis?

17 "FIFO"

9 "LIFO"

5 Other



4. What are your annual inventory turns? (R=26)

Average=5.63 Median=5.0 Minimum=1.0 Maximum=14.0

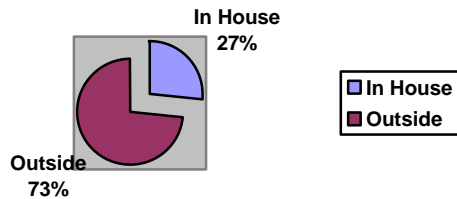
5. What is your payroll cycle?

	EXEMPT	NON-EXEMPT	HOURLY
Weekly	12	11	20
Biweekly	11	11	6
Monthly	5	0	0

6. Is the payroll done: (R=30)

8 In-house?

22 Outside service?

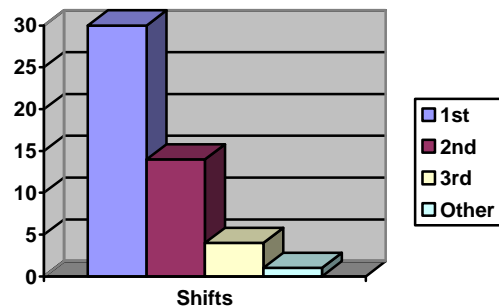


7. What is your average number of employees?

	FULL TIME			PART TIME			TEMPORARIES		
	Med	Min	Max	Med	Min	Max	Med	Min	Max
Sales – Outside	2.0	0	25	0.5	0	20	0	0	0
Inside	2.0	0	39	0.0	0	3	0	0	0
Office/Administrative	8.0	0	82	1.0	0	5	0	0	1
Operations/Factory	30.0	0	258	2.0	0	90	1	0	9

8. What shifts does your company operate? (R=30)

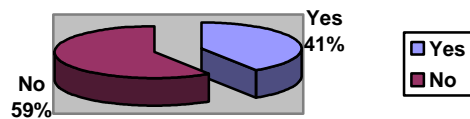
30 1st 14 2nd 4 3rd 1 Other



9. Do you offer flexible hours? (R=27)

11 Yes

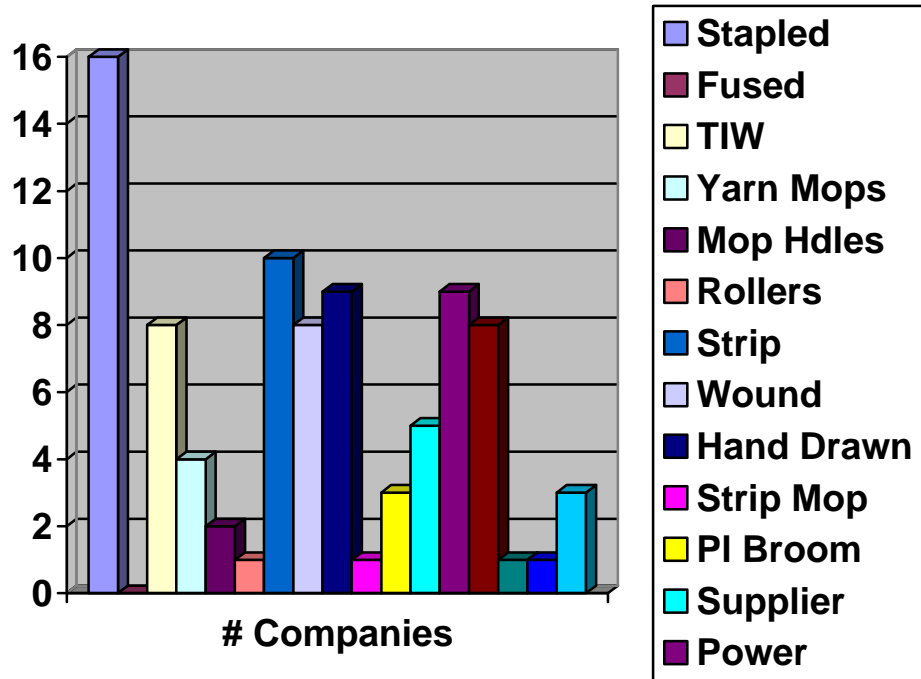
16 No



H. Sales Production Data

1. Please check the brush construction types that your company manufactures:

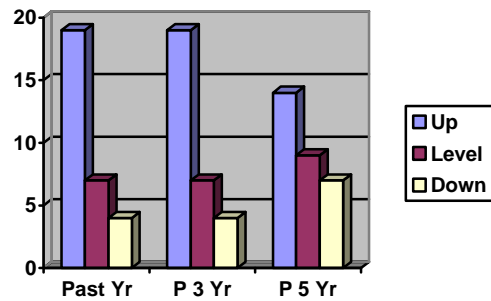
- | | | |
|--------------------------------|------------------|----------------|
| 16 Staple set | 10 Metal strip | 9 Power driven |
| 0 Fused | 8 Wound | 8 Epoxy set |
| 8 Twisted-in wire | 9 Hand drawn | 1 Anchor set |
| 4 Yarn mops | 1 Strip mops | 1 Sponge mops |
| 2 Mop handles, holders, frames | 3 Plastic brooms | 3 Corn brooms |
| 1 Rollers | 5 Supplier | |



	Median	Minimum	Maximum
2. What % of products sold is manufactured in-house?	89.5	0	100
3. What % of products sold is manufactured by others?	10.0	0	36
4. What % of products sold is imported from others?	8.0	0	100
5. What is your average gross margin on resold items?	30.0	15	75

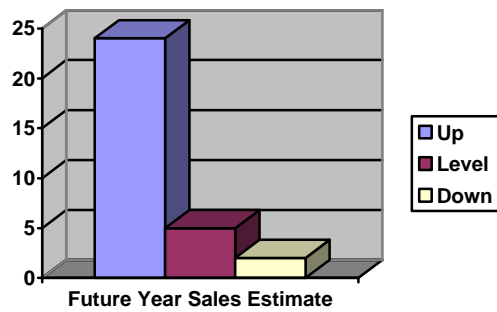
6. Sales trends over the past: **(R=30)**

1. Year?	19 Up	7 Level	4 Down
2. Three Years?	19 Up	7 Level	4 Down
3. Five Years?	14 Up	9 Level	7 Down



7. Future sales estimate over the next year: **(R=31)**

24 Up	5 Level	2 Down
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Thank you for your participation!

