

Today's Date: _____
 Business Name: _____
 Mailing Address: _____
 City: _____ Zip: _____
 Phone Number: _____
 Fax Number: _____
 Contact Person: _____

- How did you hear about us? Referral Yellow Pages Sign Web
- If a referral, how did you hear about us? _____
- Type of Business: _____
 Years in Business: _____ Experience: _____
- Description of Operations: _____

- Gross Sales: \$ _____ No. of Employees: _____ Approx. Payroll: \$ _____
- Are you currently insured? Yes No If yes, complete the items below.

Current Agent: _____
 Current Insurance Company: _____
 Expiration Date: _____
 Is your current insurance carrier offering renewal? Yes No
 Any losses in the past 5 years? Yes No If so how many? _____
 List details of any losses in the "Remarks" section of this form.

Many of the commercial insurance companies are using financial responsibility as an underwriting tool. In order to provide you with a timely quote, at the most competitive price, please fill out the information requested below.

Federal Tax ID #: _____

Full Name, Physical Address & Social Security Number for all owners — room for additional names on next page

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ Zip: _____ City: _____ Zip: _____
 Social Security #: _____ Social Security #: _____



