

**GENERAL BUSINESS INFORMATION**

Name of Corporation/Business

Business Structure (If "Other", explain)

Federal Tax ID

Doing Business As (DBA)

*Premises Address:*

Street

City

State

Zip Code

County

Requested Effective Date

Requested Expiration Date

Main Phone Number

Contact Name

Year Business Started

Years operating under current business name

Web Site Address (If no web site, state "None")

Is the Mailing Address the same as the Premises?  Yes  No

*If No, Enter Mailing Address*

Street

City

State

Zip Code

County

Has coverage been declined cancelled, or non-renewed in the last 3 years?  Yes  No

*If YES, Please Explain why and provide cancellation date*

Explanation

Cancellation Date

Is a supporting line of business being submitted for this account?  Yes  No

If YES, please advise line of business