

## General Insurance Inquiry

**Applicant Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Physical Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Email** \_\_\_\_\_ **Website** \_\_\_\_\_

**Years in business** \_\_\_\_\_

**Please provide a description of the insurance you wish to inquire about:** \_\_\_\_\_

\_\_\_\_\_

**Please provide all relevant details about your business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have current insurance?** \_\_\_yes \_\_\_no

**If yes, has your insurance ever been canceled or non-renewed?** \_\_\_yes \_\_\_no

**Have you had any losses in the last 5 years?** \_\_\_yes \_\_\_no **If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

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