



**Assurance Risk Managers, Inc.**

2851 S. Parker Road Suite 760

Aurora,, CO 80014

Phone: 303-454-9562

Toll Free: 1-888-454-9562

Fax: 303-454-9564

Account Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Entity Type: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Type Of Work Does Your Business Perform? *(Please Be Specific)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When Was Your Business Established: \_\_\_\_\_

How Many Years Do You Have In This Field: \_\_\_\_\_

Current Carrier, Type of Coverage, Expiration Date and Premium: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have You Had Any Claims In The Last 3 Years? \_\_\_\_\_ *If Yes, Please Provide Details On A Separate Sheet Of Paper.*

**Property**

1. Construction Of Building: Frame \_\_\_\_\_, Jointed Masonry \_\_\_\_\_,  
Non-Combustible \_\_\_\_\_, Masonry Non-Combustible \_\_\_\_\_, Fire Resistive \_\_\_\_\_

2. Square Footage of Building: \_\_\_\_\_ Sq. Ft. Occupied By Insured: \_\_\_\_\_

3. Age Of Building: \_\_\_\_\_ Updates? \_\_\_\_\_

*If building is older than 30 years please provide year in which updates were performed (roof, ac/heating system, electrical, plumbing)*

4. Number Of Stories: \_\_\_\_\_ Basements? \_\_\_\_\_

5. Fire Protection Applicable: \_\_\_\_\_

6. Replacement Value of Building: \_\_\_\_\_

7. Business Personal Property: \_\_\_\_\_

8. Business Income Coverage: Yes \_\_\_\_\_ No \_\_\_\_\_

9. Sprinklers: Yes \_\_\_\_\_ No \_\_\_\_\_

10. Alarms: Central \_\_\_\_\_, Fire \_\_\_\_\_, Burglar \_\_\_\_\_

11. Other Locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ask us about:**

**Business Insurance  
Employee Benefits**

**Home and Auto  
Life Insurance**



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**General Liability**

- 1. Annual Estimated Revenues: \_\_\_\_\_
- 2. Annual Estimated Payroll: \_\_\_\_\_
- 3. Years Experience: \_\_\_\_\_
- 4. Sub Contractors Used:     Yes \_\_\_\_\_                                     No \_\_\_\_\_
- 5. Annual Sub Cost: \_\_\_\_\_
- 6. Insurance Certificates Obtained From Sub Contractors: \_\_\_\_\_
- 7. General Liability Desired: \_\_\_\_\_

**Automobile Liability/Physical Damage**

- 1. List Of Company Owned Vehicles: \_\_\_\_\_

| Year  | Make  | Model | VIN#  |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- 2. Drivers List (Include DOB, DL#, State): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 3. Limits of Liability Desired: \_\_\_\_\_
- 4. Comprehensive and Collision Deductibles Desired: \_\_\_\_\_

*\*\*If You Only Want Liability Coverage, Mark "N/A"*

**Workers Compensation**

- 1. Federal Tax ID #: \_\_\_\_\_                                     State Unemployment Tax # \_\_\_\_\_
- 2. States In Which Operations Are Conducted: \_\_\_\_\_
- 3. Estimated Annual Payroll by Class/Duties of Employees: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 4. Owner: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Inc/Exc: \_\_\_\_\_
- Owner: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Inc/Exc: \_\_\_\_\_
- Owner: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Inc/Exc: \_\_\_\_\_
- Owner: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Inc/Exc: \_\_\_\_\_
- 5. Payroll Of Owners (separated from other employees): \_\_\_\_\_
- 6. Experience Modification: \_\_\_\_\_
- 7. Please Attach Latest Modification Factor Worksheet If Available: \_\_\_\_\_

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