

# Let's Insure

## Business Insurance Form

Tel: (877) 851-7867, Fax: (888) 414-8280, [Info@LetsInsure.org](mailto:Info@LetsInsure.org)

Applicant Name		Business Name						
Tax ID Number		License Number		Type of License				
Address			City		State	Zip		
Phone		Fax		Email				
Number Years in Business		Number Years of Experience		Bankruptcy		Yes	No	
Annual Gross Sales		Annual Payroll		Number of Part Time Employees		Number of Full Time Employees		
Entity		Individual		Partnership		Corporation		LLC
Tell us in complete and detailed form about your operation in location								
What is the value of business property?				Square footage of property:				
Is this building coverage required?		Yes		No		If yes, what amount?		