



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 preformed
(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**

