

## Business Insurance Questionnaire

Agent:

**Lincoln Insurance**  
**9176 S 300 W Suite 4**  
**Sandy, UT 84070**  
**(801)943-5700**

Company Name		Incorporated?	
Contact Name		***** Tax ID#	
Phone	Fax	Years in Business	
Email		Website	
Address			
Any losses in the past 3 years? If so please explain.			
Have loss runs been ordered? Yes / No		Do we need to have them ordered? Yes / No	
Annual Gross Sales:		Annual Payroll:	
Description of operations *****			

### Liability Insurance Information

Current Carrier		Expiration Date			
Liability Coverages	100 / 300	300 / 600	500 / 1 Million	1 Million / 2 Million	2 Million / 4 Million
Number of employees	Full time		Part time		

Please return this to completed form to:

**Lincoln Insurance**  
**9176 S. 300 W. Suite 4**  
**Sandy, UT 84070**  
**Phone (801) 601-3101**  
**Fax (801) 601-3120**