

Business Legal Name:
Business DBA?
Contact Name:
Contact Email: Contact Phone:
Business Address Street:
City: State: Zip:
Business Phone: Website:
Location Square Feet:
Number of Employees: Annual Payroll:
Annual Gross Revenue:
Business Property (Contents only) Value:

Do you currently have an insurance policy in effect for the coverage requested? Yes No
Approximately when did your business begin?
If required by state law, do you or the principal of your firm maintain current and valid professional training, certifications, licenses or designations for all services you provide? Yes No
Are you an active or retired Medical Doctor, Registered Nurse, Nurse Practitioner, Licensed Practical Nurse, Physician's Assistant or Naturopathic Doctor? Yes No

Does your business perform any of the following? Check all that apply.

<input type="checkbox"/> Chiropractic services	<input type="checkbox"/> Cupping
<input type="checkbox"/> Direct Moxibustion	<input type="checkbox"/> Homeopathy
<input type="checkbox"/> Prescribe or dispense herbs or herbal drugs other than mugwort	<input type="checkbox"/> Perform acupuncture for purposes of anesthesia
<input type="checkbox"/> Prescribe or dispense over the counter or prescription drugs	<input type="checkbox"/> Use of non-disposable needles
<input type="checkbox"/> Tattoo services	<input type="checkbox"/> Injections
	<input type="checkbox"/> None of the above

Does your business provide any acupuncture services? Yes No

Additional info/Additional location:

Please send completed application to nicole@priemco.com