

CREATIVE AND DESIGN PROGRAM

Business Owners Policy Application



Business Legal Name:				
Business DBA?				
Contact Name:				
Contact Email: Contact Ph		none:		
Business Address Street:				
City:	State:	Zip:		
Business Phone:		Website:		
Location Square Feet:				
Number of Employees: Annual Page		yroll:		
Annual Gross Revenue:				
Business Property - Replace	cement Value:			
Does your business perform any design, construction, installation, removal, or physical repair of any property or tangible good? If yes, then please describe all services provided and the type of			Yes	□No
property/goods upon which	•		_	
Do you perform any services as a general contractor or tradesmen?			☐ Yes	□No
What percentage of services are related to the design, construction, installation, removal, or physical repair of property or a tangible good? If applicable, what is your business website address?				
ii applicable, what is your	Dusiliess Mensile address:			
Do you or your business supply, manufacture, or distribute ant tangible goods or products?			□Yes	□No
If yes, are the products you provide as part of your services limited to those manufactured by others and do the total sales from these products represent less than 25% of your estimated annual gross sales?			Yes	□No
How many employees does your business have, including yourself?			Yes	□No
Does your business own the building you occupy?			☐ Yes	□No
Does your business own and need coverage			□Yes	□No
for the building? Approximately, how many square feet does your business occupy at this location?			La res	— 1N0
Additional info/Additional	location:			
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