

# Business Information & Declaration Form

Please fill in the following information accurately.

Legal Company Name:

Business Address:

Contact Person:

Contact Email:

Contact Phone:

Operational Declarations

1. Do you have active employees? (Yes / No)

2. Any employees currently on leave of absence?

3. Do you operate company vehicles?

4. Do you own or lease aircraft or watercraft?

5. Has workers' compensation insurance been cancelled in the past 3 years?

Additional Notes:

Authorized Signature:

Date: