



Business Name: _____

Type of Business: Residential Commercial Both

Type of Entity: LLC Corp Sole Prop. Partnership

Years in Business in AZ: _____ Ownership in Other Co.? Yes No

FEIN #: _____ # of Current Employees? _____

How do you handle your payroll currently?: _____

Do you have a Workers' Compensation Policy in place? Yes No

If yes, with who?: _____

Name of Owner: _____ Title: _____ % Ownership: _____

Name of Owner: _____ Title: _____ % Ownership: _____

Name of Owner: _____ Title: _____ % Ownership: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Hm. Phone: _____ Bus. Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Description of Business Activities: