



\* Required

Your company name: \*

Mailing address: \*

State/Zip: \*

Are you a sole proprietor:          Corporation:          Partnership:          Other:

Years in business:

Contact person:

Phone number:

Fax number

Company website address:

Contact e-mail address:

Type of business:

Description of business/operations:

Actual property address if different from mailing address:

Federal Tax ID Number:

Existing insurance carrier name if any:

Existing policy number (if any):

Any losses last 5 years: Yes:          No:          .

Describe losses:

1)CEO's name, % ownership of company:

2)President's name, % ownership of company:

3)Other owners/stockholders name that is active in the company, % ownership:

4)Other owners/stockholders name that is active in the company, % ownership:

Annual clerical/admin/ payroll: \$ \_\_\_\_\_ for that class

Annual software developers payroll: \$ \_\_\_\_\_ for that class

Annual outside sales payroll: \$ \_\_\_\_\_ for that class

Annual other payroll: \$

Any Special Instructions:

Do you provide Group Health Benefits?

If yes, what carrier?

What % is paid by the employer?

What % of employees participate in this benefit?

How did you hear about Sweet and Baker?

For your records, please print this page. When the application is complete, click below to submit to Sweet and Baker.

**Print** 