

INSTRUCTIONS: ANSWER ALL QUESTIONS; IF THE ANSWER IS NONE, STATE NONE; IF THE QUESTION IS NOT APPLICABLE, STATE NOT APPLICABLE (N/A). IF THE SPACE PROVIDED IS INSUFFICIENT TO FULLY ANSWER THE QUESTION, PLEASE ATTACH A SEPARATE SHEET. NOTE: APPLICATION MUST BE DATED AND SIGNED BY OWNER, PARTNER, OFFICER OR ADMINISTRATOR. PLEASE TYPE OR PRINT IN INK.

PART I. GENERAL INFORMATION

- 1.1 Applicant Name: _____
- 1.2 Mailing Address: _____
- 1.3 Location Address(es): _____
- 1.4 County (parish) of each location: _____
- 1.5 Telephone Number: Office _____ / _____ Fax _____ / _____
- 1.6 Person to contact for survey: Name _____
Title _____
- 1.7 Year entity established: _____
- 1.8 Entity is ☐ Individual ☐ Corporation ☐ Partnership
☐ Professional Association/Corporation ☐ Other. (Describe) _____
- 1.9 Entity is ☐ For Profit ☐ Non-Profit. Describe source of funds: _____
- 1.10 Proposed effective date _____
- 1.11 Requested Limits of Liability (if available):
Professional Liability \$ _____ /\$ _____
General Liability \$ _____ each occurrence
\$ _____ general aggregate
- 1.12 Annual Gross Receipts: Estimated next twelve months - \$ _____
Last twelve months - \$ _____
- 1.13 Annual Remuneration: Estimated next twelve months - \$ _____
Last twelve months - \$ _____
- 1.14 Total Premises Square Footage Occupied by Applicant: _____
- 1.15 Off Premises Services Provided (describe): _____
- _____
- _____

PART II. EXPOSURES