

Insurance Questionnaire

Please complete this form and fax it to
Madison V. Egbert at (801) 763-1374

A. Applicant

Your Full Name: _____

Your Business Name: _____

Your Principal Address: _____ City _____ ST ____ ZIP _____

Email Address: _____ Phone No. (_____) _____

Web Address: _____ Number of Years in Business: _____

B. Revenues

Projected gross sales for previous 12 months: _____ Next 12 months _____

What percentage of your sales derive from:

Internet _____ Party Sales _____ Direct _____

Trade Shows _____ Other _____

(Total needs to add up to 100%)

C. Products

Please list your company's
top three selling products, and
annual sales for each:

1. _____ Sales _____

2. _____ Sales _____

3. _____ Sales _____

D. Employees

Numbers of employees: Prev. 12 months _____ Currently _____