



Insurance Renewal Application

Your Renewal is around the corner and to make sure we get you the best price and coverage for the year, we need to make sure everything is up to date. Please answer the questions below, sign and return so we can start shopping. Thank you!

Company Name: _____ DBA: _____

#1. Have there been any changes inside your business within the last year? _____

#2. What is your current mailing address? _____

#3. What is your current physical address? _____
Location #2: _____

#3. Your current WHOLESALE Inventory total is: \$ _____ Is this Correct? _____
If not, what should it be listed at?: _____
What Flooring Companies are you CURRENTLY using? _____

#4. Your current Employee list is attached, is it all correct? If not, what corrections need to be made?
THIS MUST INCLUDE ALL EMPLOYEES, EVEN IF THEY DO NOT DRIVE.

Name	Drivers License #	DOB	FT/PT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#5: Anything additional needed to add or address? _____

#6: Annual Gross Sales & number of vehicles sold? _____

**If you have any questions or concerns, please feel free to contact us anytime. Thank you so much!*

Insured's Printed Name	Date

Fairbanks Insurance LLC
Venice's Cell: 208-861-5668 / Email: venice@fairbanksins.net
Michele's Cell: 503-984-6291 / Email: michele@fairbanksins.net
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