



Phone: (248) 526-3260 • Fax: (248) 526-3261
2095 East Big Beaver • Ste 100 • Troy, MI 48083

www.inproagent.com

Customer Information:

Legal Name _____

City/St/ZIP _____

Phone: _____ Fax _____ Email _____

Fed ID # _____ Years in Business _____ Years Experience _____

Describe your Business Operations: _____

of Employees _____ Legal Entity: Corp? ___ Individual? ___ Partnership? ___ LLC? ___

Property Insurance Information: complete a separate page for each location

Location address: _____

Square Feet you occupy _____ Type of Alarm _____ Number of Stories _____

Sprinkler System? ___ Construction (Frame, Brick, etc) _____

Building Limit: \$ _____ Contents Limit \$ _____ Deductible \$ _____

Description of Building _____ Year Built? _____

If building is older than 25 years, please indicate when, if at all, the roof, plumbing, heating and wiring were updated _____

Liability Insurance Information:

Business Liability Limit \$ _____ Do you have a Business Auto Policy? _____

Gross Annual Sales/Receipts \$ _____ Any other Entities to be covered? _____

Annual Payroll \$ _____ Do you own or operate any other business? _____

Prior Carrier Information:

Current Insurance Carrier _____ Expiration Date: _____

Current Premium \$ _____ List any claims you may have had in the past 3 years:

Date of Loss: _____ Description _____ Amt Paid \$ _____

Date of Loss: _____ Description _____ Amt Paid \$ _____

Please return this questionnaire to:
InPro Insurance Group, Inc.
PO Box 99100 Troy MI 48099
Phone: 800-569-6465 Fax: 248-526-3261
Email: rwalker@inproagent.com

This is an application only and does not constitute a binder of insurance or in any way bind InPro Insurance Group, Inc. to obtain the coverage requested. No coverage is afforded unless and until a policy or formal written binder of insurance is issued by a carrier.