

<b>GENERAL INFORMATION</b> (to be filled out by business owner or decision maker)		
LEGAL BUSINESS NAME	DATE (MM/DD/YYYY)	
<input type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR                        FEIN # _____		
ADDRESS OF BUSINESS		
CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN BUSINESS)		
CITY	STATE	ZIP
ANY OTHER DBA'S OR FICTITIOUS NAME REGISTRIES?		
ANY OTHER LOCATIONS (IF MORE, PLEASE LIST OTHERS IN REMARKS BELOW)		
CITY	STATE	ZIP
PRIMARY CONTACT NAME	TITLE	
E-MAIL	BEST DAY TIME PHONE	EXT.
WEBSITE (BUSINESS) <b>WWW.</b>	WEBSITE (ADDITIONAL) <b>WWW.</b>	
WEBSITE (ADDITIONAL) <b>WWW.</b>	WEBSITE (ADDITIONAL) <b>WWW.</b>	
Does your hiring process include the following for all employees and independent contractors? (check all that apply)		
<input type="checkbox"/> Drug Testing <input type="checkbox"/> Work History Checks <input type="checkbox"/> Criminal Background Checks <input type="checkbox"/> Credit History Checks <input type="checkbox"/> Education Background <input type="checkbox"/> Other (specify) _____		
TOTAL NUMBER OF EMPLOYEES	TOTAL NUMBER OF VOLUNTEERS	ANNUAL REVENUE
BRIEF DESCRIPTION OF YOUR BUSINESS / REMARKS		

**FAX, E-MAIL OR MAIL in this questionnaire to:**  
**Affiliated Insurance Agencies**  
 600 Emerson Road, Suite 107, St. Louis, MO 63141  
 636 255 8585 tel | 636 255 8586 fax | erin@aiaastl.com