

# Lapre Scali & Company Insurance Services, LLC

## APPLICATION FOR NON-PROFESSIONAL COVERAGES

General Information		
Description	Details	
Business Name/dba		
Type of Entity (Corp, LLC, Partnership, Individ)		
Federal ID Number/Tax ID Number		
Contact Name		
Mailing Address		
Phone		
Fax		
E-mail		
Website		
Year Business Began		
Property Information		
Description	Details	
Location Address		
Approximate Year Built		
Type of Construction(Frame, Block, Etc)		
Square Footage Occupied		
Sprinkler System	Yes or No	
Fire Alarm – Central Station or Local	Yes or No	Central or Local
Burglar Alarm – Central Station or Local	Yes or No	Central or Local
Estimated Replacement Cost of Office Contents		
Estimated Replacement Cost of Tenant Improvements & Betterments		
Estimated Replacement Cost of Building(if owned by you)		
General Liability Information		
Description	Details	
Number of Employees		
Estimated Annual Payroll		
Estimated Gross Receipts		

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Laser & Equipment Information	
General Information	
Description	Details
Is equipment ever transported	Yes or No
Is all equipment above ground	Yes or No
Are surge protectors used at all times	Yes or No
Preventive Maintenance Program or Service	Yes or No
How often is maintenance performed	
Equipment List- Please complete for every piece of equipment that needs coverage	
Item Number 1	
Year, Manufacturer, Model	
Serial Number	
Cost New	
Is this equipment covered by a warranty	
Item Number 2	
Year, Manufacturer, Model	
Serial Number	
Cost New	
Is this equipment covered by a warranty	
Item Number 3	
Year, Manufacturer, Model	
Serial Number	
Cost New	
Is this equipment covered by a warranty	
Workers Comp Information	
Description	Details
Estimated Payroll for Office/Clerical	
Estimated Payroll for Techs/Etc	
Estimated Payroll for Others	

USE DUPLICATE SHEETS IF MORE THAN 3 PIECES OF EQUIPMENT

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