

GENERAL INFORMATION (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) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Drug Testing  <input type="checkbox"/> Criminal Background Checks  <input type="checkbox"/> Education Background             </div> <div> <input type="checkbox"/> Work History Checks  <input type="checkbox"/> Credit History Checks  <input type="checkbox"/> Other (specify) _____             </div> </div>			
TOTAL NUMBER OF EMPLOYEES	TOTAL NUMBER OF VOLUNTEERS	ANNUAL REVENUE	
BRIEF DESCRIPTION OF YOUR BUSINESS / REMARKS			

Does your business wire **money out** of your bank account to others? ☐ NO ☐ YES

IF YES

Approx. how many time a year ? \_\_\_\_\_ Approx. what is the average dollar amount? \$ \_\_\_\_\_

BRIEFLY DESCRIBE YOUR SECURITY PROTOCOLS FOR THIS PROCESS:

Does your business **receive money** thru wire transactions from bank accounts of others / third party? ☐ NO ☐ YES

IF YES

Approx. how many time a year ? \_\_\_\_\_ Approx. what is the average dollar amount? \$ \_\_\_\_\_

BRIEFLY DESCRIBE YOUR SECURITY PROTOCOLS FOR THIS PROCESS:

**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@aiaatl.com](mailto:erin@aiaatl.com)