

# Insured Entity Questionnaire

Please complete the following for each legal entity and DBA that is requesting insurance.

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Name:

Address:

City, State & Zip Code:

Tax ID:

Prior Acts Date:

Ownership:

Description of Operations:

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Underwritten by a Curi company:

MMIC Insurance, Inc. | UMIA Insurance, Inc.  
Arkansas Mutual Insurance Company MMIC  
Risk Retention Group, Inc.

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