



**ADDITIONAL ENTITIES & LOCATIONS**  
**INFORMATION FORM-NEW BUSINESS**

**Applicant Name:**  
**Agency Name:**

**Quote #:**

**Entity #**      **Federal ID #**      **Type of entity:**  
 To be completed by LUBA: MASTER POLICY: Yes      No      Separate Bill: Yes      No  
**DBA:**      **Federal Name:**  
**Mailing address:**

#	Physical Addresses & operations for this entity	# emp	Payroll	Class Codes
1				
2				
3				

**Owner Information:**

Name	Title	Ownership %	Duties	Incl/ Excl	Class Code	Remuneration

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