

New Venture Questionnaire

Today's Date: ___/___/___

Producer: _____

Account Name: _____

Proposed Effective Date: ___/___/___

1. How many years of experience does the owner have in this industry: _____ yrs.
2. Please attach either a business plan or Pro forma (including the owner's resume).
3. Explain how business will be financed.
4. Explain (in remarks section) how the insured will conduct his interviews and what level of experience of the new employee(s) he is looking for.
5. Is the applicant:
 - a. Commencing to do business for the first time
 - b. Just now hiring employee(s) for the first time
 - c. Has not had WC coverage for employees previously and is now requesting coverage
 - d. Date employee(s) first hired: ___/___/___
6. Is applicant purchasing a pre-existing business: No Yes
 - a. If yes, are they retaining current management: Yes No
 - b. If yes, are they retaining current employees: Yes No
 - c. Date purchased: ___/___/___

Remarks: _____

Applicants Signature

Date