

New Venture Questionnaire

Named Insured:	
Proposed Effective Date:	
Please provide a detailed description of the operation:	
How many years of experience does the applicant have in this industry? _____ years	
Is applicant purchasing a pre-existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:	Date business purchased.
	Is current management being retained? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are current employees being retained? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Can loss runs be furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant commencing to do business for the first time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is applicant just now hiring employees for the first time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has applicant NOT had WC coverage for employees previously and is now requesting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Attach either a business plan and/or resume of the owner.	
<input type="checkbox"/> Attach either a balance sheet and/or income statement.	
Remarks:	
Applicant's Signature	Date