



INSURANCE SERVICES

New Venture and/or No Prior Coverage Questionnaire

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Applicant Name: \_\_\_\_\_

Proposed Effective Date: \_\_\_ / \_\_\_ / \_\_\_

Total # of years' experience in industry: \_\_\_\_\_

Describe Business Operations:

\_\_\_\_\_

If applicant has been in business with no prior insurance coverage, please explain:

\_\_\_\_\_

Does the insured own any other business: If yes, what is the business and where is it insured?

\_\_\_\_\_

Is the applicant commencing to do business for the first time? \_\_\_\_\_

Is the applicant just hiring employees? \_\_\_\_\_

Is the applicant purchasing a pre-existing business: \_\_\_\_\_

If yes, are they retaining current management: \_\_\_\_\_

If yes, are they retaining current employees: \_\_\_\_\_

Date Purchased: \_\_\_ / \_\_\_ / \_\_\_

Remarks\Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Signature

Date