



Workers' Comp New Venture Questionnaire

Today's Date: ___/___/___

Account Name: _____

Proposed Effective Date: ___/___/___

1. How many years of experience does the owner have in this industry: _____ yrs.
2. Please attach the owners resume – or info on their prior experience.
3. 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: ___/___/___
4. 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