

# New Venture Questionnaire

Today's Date:

Producer:

Insured's 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 and/or a resume on the owner.
  
3. Please attach a balance sheet and/or income statement.
  
4. Is applicant purchasing a pre-existing business?  Yes  No
  - a. If yes, are they retaining current management?  Yes  No
  - b. If yes, are they retaining current employees?  Yes  No
  - c. Date purchased: \_\_/\_\_/\_\_.
  
5. If purchasing a pre-existing business can loss runs be furnished:  Yes  No
  - a. If not, the Everest Program surcharges new ventures as follows:
    - 35% 1st year
  
6. 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: \_\_/\_\_/\_\_.

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**