



Supplemental Questionnaire NEW VENTURES

Instructions: Please complete upon request.

Insured _____

Agency _____

1. Provide a description of operations (Please include materials, processes, transportation, hours of operation, # of locations):
2. Is this a new business being created by the insured? Yes No
3. If not, is this business being purchased by the named insured? Yes No Did the insured purchase the past liabilities? Yes No
4. Provide the number of years experience the owners/principals have in this industry. _____ Years.
What positions in this industry were held the past few years?
5. If an existing business is being purchased, what percentage of the current employees are being retained? ____ %.
6. What percentage of the current managers and supervisors are being retained? _____ %.
7. Does the insured have a business plan? No Yes, please provide a copy.
8. Does the insured have a financial plan? No Yes, please provide a copy.
9. Does the insured have a bank line of credit? No Yes. If Yes, how much is the line of credit? \$ _____
How much is available? \$ _____
10. Please provide any literature, photographs, brochures or pamphlets for this insured's operation to help us in assurance of proper classification.

Comments: (use other side if necessary)

Completed by _____ Date _____