

NEW VENTURE QUESTIONNAIRE

Proposed Insured: _____

Address: _____

Incorporated: Sole Proprietor: Joint Venture:

Date to Begin
Operating: _____

Number of
Employees: _____

Business/ Operation: _____

Experience in this Business: _____

Written Business Plan: Yes No Copy Attached

Written Policy/ Procedures: Yes No Copy Attached

Financials - balance sheet/income statement: Copy Attached

Current Ratio: _____ Debt to Equity Ratio: _____

Pro Forma: Yes No Copy Attached

If owner of another previous business, what was 3-year L/R: _____

If available, attach loss runs.

Coverage to be Quoted:

Premium:
\$ _____