



American Team Managers Insurance Services

NEW VENTURE QUESTIONNAIRE

Today's Date: ____/____/____ Proposed Effective Date: ____/____/____

Account Name: _____

Producer: _____

1. How many years of experience does the owner have in this industry? ____ years.
2. Provide a complete description of the operations: _____

3. Explain how the applicant will conduct employee interviews, and what level of experience is required from employees: _____

4. The applicant is/has:
 - a. Commencing to do business for the first time.
 1. What is the start date of operations? ____/____/____
 - b. Just now hiring employee(s) for the first time
 1. What is the anticipated hire date? ____/____/____
 - c. Not had Workers' Comp coverage for employees previously, and is now requesting coverage.
 1. Date first employee was first hired? ____/____/____
 2. Has there been a lapse in coverage? No Yes
 3. If yes, please provide the date(s) of the lapse and the reason for the lapse. _____

5. Is the applicant purchasing a pre-existing business? No Yes
 - a. If yes, are they retaining current management? No Yes
 - b. If yes, are they retaining current employees? No Yes
 - c. Date purchased: ____/____/____

6. Is there a formal written business plan? No Yes
7. Are there written workplace safety policies and procedures? No Yes
8. Explain how the business will be financed: _____

9. If available, please provide a copy of the resume for each owner.

Applicants Signature Producer Signature Date: ____/____/____

PLEASE USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS REQUIRED