

# New Venture

## Supplemental Questionnaire

**(Must be completed for all New Venture submissions)**

Applicant's Name \_\_\_\_\_

Agency \_\_\_\_\_

- 1) Please provide a complete description of the risk (include hours of operation and list any special material or processes used):

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- 2) Provide the number of related years experience the applicant has in the industry

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- 3) If an existing business is being purchased, please provide:

a. Percentage of current employees being retained \_\_\_\_\_

b. Percentage of current managers being retained \_\_\_\_\_

- 4) Does the applicant have a business plan?  No  Yes

(If yes, please provide a copy)

- 5) Does the applicant have a financial plan?  No  Yes

(If yes, please provide a copy)

- 6) Please provide a copy of the applicant's current financials

- 7) Please provide a copy of the resumes of all business principles

- 8) Please provide any literature, photographs, brochures, pamphlets or newspaper ads which may be available in order for us to have a better understanding of the risk.

**Additional Comments:**

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Completed by: \_\_\_\_\_ Date: \_\_\_\_\_