

MC NABB INSURANCE SERVICES

NEW VENTURE / PRIOR EXPERIENCE QUESTIONNAIRE

(Note: All questions must be answered if coverage is to be bound)

APPLICANT INFORMATION

Name of prospective insured: _____

New Venture _____ No Prior Coverage _____

If applicant has been in business but without prior coverage, please explain: _____

If this is a new venture please provide exact date of purchase or start up: _____

Describe nature of new venture operations: _____

Source of capital / funds to start business in detail: _____

Name of banking institution and branch location: _____

(ACCEPTABLE FINANCIAL STATEMENT OR BANK STATEMENT MUST BE PROVIDED WITHIN 30 DAYS OF BINDING COVERAGE)

Number of years experience in this type of business or other business. Describe: _____

In what capacity was prior business experience?

Owner _____ Manager _____ Employee _____

Any bankruptcy filings (chapter 7,11): _____ If so, date final: _____

Details of bankruptcy: _____

APPLICANT'S SIGNATURE _____ DATE _____
AGENT'S SIGNATURE _____ DATE _____