



**SDS GENERAL INSURANCE SERVICES, INC.**

*Service, Dependability, Stability*

## New Venture Questionnaire

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Producer: \_\_\_\_\_

Applicant: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. How many years of experience does the owner have in this industry? \_\_\_\_yrs
2. If available, please attach a copy of the owners resume.
3. Is the applicant purchasing an existing business?  Yes  No  
If "No", how long have they been in business? \_\_\_\_yrs.  
If "Yes", are management/employees being retained?  Yes  No
4. When will employees be hired?  As soon as coverage is in place  Employees have been working for the applicant since: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant/Producer Signature

\_\_\_\_\_  
Date