

*New Business Questionnaire (LESS THAN 3 YEARS)*

NAMED INSURED: \_\_\_\_\_

DBA: \_\_\_\_\_

PRINCIPAL NAME: \_\_\_\_\_

1. JOB TITLES/POSITIONS HELD \_\_\_\_\_

2. NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

3. NUMBER OF YEARS INSURED: \_\_\_\_\_

4. NUMBER OF YEARS OF EXPERIENCE: \_\_\_\_\_ IS THIS A LOGGING/LUMBERING ACCOUNT? \_\_\_\_\_

5. DESCRIBE EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. ATTACH RESUME OR LIST EMPLOYMENT FOR THE PREVIOUS 3 YEARS:

▪ EMPLOYER'S NAME: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

▪ EMPLOYER'S NAME: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

▪ EMPLOYER'S NAME: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

7. ATTACH OWNER(S) MOTOR VEHICLE RECORD

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE