General Information

**Account Name:**

**Website:**

**Proposed Effective Date:**

**Provide details of the owner’s experience in this industry. Include resume(s) of the new management team:**

**What is the start date of operations?**

**How will the business be financed?**

**Is the insured purchasing an existing business?**

[ ]  Yes [ ]  No

**Are they retaining current management?**

[ ]  Yes [ ]  No

**Are they retaining current employees?**

[ ]  Yes [ ]  No

**If yes, what percentage of the existing staff will be retained?**

**%**

**How many employees?**

**What changes are they planning to make to the operations and/or facilities, if any?**

**Date purchased:**

**Date escrow closed:**

**Describe how the insured will be approaching the hiring of new employees.  What type of requirements and specific screening processes will be in place to ensure the highest quality workforce?**

**Does this owner own other businesses?**

[ ]  Yes [ ]  No

**If yes, explain and outline the percentage of ownership and provide details regarding the current workers compensation coverage in place:**

**Date employees first hired / expected to be hired:**

**Describe the owner’s plans for safety training, new employee orientation, manager accountability, and general responsibility for safety:**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature**

**Applicant’s Name (Print):**

**Date:**