

NEW VENTURE/NON-SUBSCRIBER QUESTIONNAIRE

Name of Agency: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

Inception of Business: \_\_\_\_\_ Tax ID or Social Security #: \_\_\_\_\_

Describe type of business operations, responsibilities of management, etc.


Please explain why applicant does not have current or prior Workers' Compensation coverage.


Has applicant ever filed bankruptcy? \_\_\_\_\_ If yes, explain, please explain below.


STATEMENT OF NO LOSSES (choose one of the options below):

<input type="checkbox"/> I agree with the below "No Loss" Statement <input type="checkbox"/> I am attaching a detailed statement of losses or loss runs for the prior 3 years
I CERTIFY THAT THERE HAS NOT BEEN ANY WORK-RELATED INJURIES OR ACCIDENTS WITHIN THE PRIOR 3 YEARS AND THAT I AM NOT AWARE OF ANY CIRCUMSTANCES THAT MIGHT GIVE RISE TO A WORKERS' COMPENSATION CLAIM FOR THE APPLICANT NAME LISTED ABOVE AND ANY OTHER NAMED INSURED INCLUDED ON THE WC QUOTE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_