



**GSS Insurance Services**

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## New Venture Questionnaire

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

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

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

Effective Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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

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

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

\_\_\_\_\_  
Applicant / Agents Signature

\_\_\_\_\_  
Date

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