

La Jolla Professional Insurance Assoc., Inc.

11300 Sorrento Valley Rd Ste 220

San Diego, CA 92121-1330

858-834-4040 x1 | Bill@LJPIA.com | Fax: 858-834-4066

New Venture Questionnaire

	Insured		
1	Description of Operations (Please include materials, processes, transportation, hours of operation and number of locations.		
2	Is this a new business being created by the applicant?		
3	If not, is this business being purchased by the applicant? and Did the applicant purchase past liabilities?		
4	Provide the number of years of experience the owners/principals have in this industry, What positions were held the past few years?		
5	If an existing business is being purchased, what percentage of current employees are being retained?		
6	What percentage of the current managers and supervisors are being retained?		
7	Does the applicant have a business plan? (If so, please provide a copy.)		
8	Does the insured have a financial plan? (If so, please provide a copy.)		
9	Does the insured have a bank line of credit? (If yes, how much is the line of credit? \$ _____ How much is now available \$ _____)		
10	Please provide any literature, photographs, brochure or pamphlets for this applicant's operation to help us in assurance of proper classification.		
	Comments:		