



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

New Venture Questionnaire

To be completed for all applicants whose General Liability loss experience is 3 years or less

Insured/Applicant Name:

If entity is a LLC, List members of the LLC:

1.	4.
2.	5.
3.	6.

Principal/Owner(s):

1.	4.
2.	5.

Date company was incorporated: _____

Is this company a 're-start' of another company, meaning; 1) will this entity be performing similar work and/or have a similar customer base as a prior company you were involved in –OR– 2) simply a new name for a prior company? If so, provide that prior company name and elaborate on their operations:

If company was incorporated more than 6 months from the date of this application, please provide the following:

- a. What work or activities were performed under this applicant name from incorporation to date:

- b. If no work or activities are being reported from incorporation to the date of this filing, what was the basis/reason the company has been 'idle' for such a length of time?

Did any of the listed principals previously own a prior company? If so, complete the below:

Prior Company Name	Nature of Operations	Does company still operate?	If company does not operate, when did it stop accepting new customers?
1.			
2.			
3.			

Is this new entity related to a previously existing company or a currently existing company? If so, provide the following:

Related entity name	How is this new company, for which application based, different from the related entity name?	Is the related company still in business and/or operating?	Year of incorporation of the related company

Business plan of the company:

a. Type of work which will be sought:

b. Describe the typical targeted customer:

c. What work will employees of the entity self perform

d. What work will subcontractors perform:

e. List name of a subcontractor(s) who have been contracted:

Name of Subcontractor	Work to be performed by this subcontractor	Is the subcontractor related to this new entity applicant in any manner?

f. List of current or expected jobs:

Customer Name	Location of Job	What work will be performed	Sales expected from Job

Please attach the following documents:

1. Resume of each principal
2. Certificate of Incorporation for the company

GENERAL FRAUD STATEMENT
(Not applicable in the states mentioned below where a specific warning applies.)
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maine, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Signature

Date

Agent's or Broker's Name (Please print)
Signature

Telephone Number

Agents

License No.

Date