

# New Venture Insurance Questionnaire - Auto Repossession Company

## **GENERAL INFORMATION**

Legal Business Name \_\_\_\_\_

DBA (if any) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Date Business Formed \_\_\_\_\_ Business Entity Type \_\_\_\_\_

Website \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Licensed for repossession? \_\_\_\_\_ License # \_\_\_\_\_

Full name of **all owners and/or investors** (use extra sheets if necessary):

\_\_\_\_\_

Have you or any owners or investors ever owned, managed or worked in the repossession business in the past?

If yes, please state details \_\_\_\_\_

\_\_\_\_\_

Describe in detail your experience in the auto repossession business. Include all prior businesses you have owned and all prior employers.

## **OPERATIONS**

Describe your anticipated primary operations: \_\_\_\_\_

Who will you be performing repossession services for? \_\_\_\_\_

Will you be subcontracting work? \_\_\_\_\_ If yes, to who? \_\_\_\_\_

Your anticipated radius of operations: \_\_\_\_\_

Your anticipated number of repossessions per month: \_\_\_\_\_

Will vehicles be brought to your storage facility or direct to auction? \_\_\_\_\_

**DRIVER INFORMATION**

Number of drivers:

Minimum/Maximum age of drivers: \_\_\_\_\_

**SECURITY & RISK MANAGEMENT**

Employee Background checks performed? \_\_\_\_\_ If yes, what level? \_\_\_\_\_

Formal training program? \_\_\_\_\_

Firearms carried during repossessions? \_\_\_\_\_

Agents licensed to carry? \_\_\_\_\_ Written safety & compliance policies? \_\_\_\_\_

Additional information outlining your experience that may be helpful to approve your application:

**Statement of No Prior Business and No Known Circumstances That Could Give Rise to a Claim**

I, [Full Name], the undersigned, hereby declare and affirm the following in connection with an insurance application:

**1. No Prior Business Operations**

I certify that, as of the date of this statement, neither I nor any entity under my ownership, control, or management has engaged in any prior business operations of any kind. This includes, but is not limited to, the rendering of professional services, sale of goods, or performance of any activities that would constitute the conduct of business.

**2. No Known Circumstances That Could Give Rise to a Claim**

I further certify that I am not aware of any acts, errors, omissions, incidents, events, or circumstances which could reasonably be expected to give rise to a claim, demand, or legal proceeding against me or any entity under my ownership, control, or management, whether now or in the future.

This statement is made in good faith and with the understanding that it may be relied upon by insurance underwriters and carriers in the course of evaluating my application for coverage.

I affirm that the information provided herein is true, correct, and complete to the best of my knowledge and belief.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

[Full Name]

[Title, if applicable]

[Business Name, if any]

[Address]