

Timber Creek Casualty Insurance Company Inc., A Risk Retention Group
New Business Questionnaire (LESS THAN 3 YEARS)

NAMED INSURED: _____
DBA: _____
PRINCIPAL NAME: _____

- 1. JOB TITLES/POSITIONS HELD _____
- 2. NUMBER OF YEARS IN BUSINESS: _____
- 3. NUMBER OF YEARS INSURED: _____
- 4. NUMBER OF YEARS OF EXPERIENCE: _____ IS THIS A LOGGING/LUMBERING ACCOUNT? _____
- 5. DESCRIBE EXPERIENCE: _____

6. ATTACH RESUME OR LIST EMPLOYMENT FOR THE PREVIOUS 3 YEARS:

- EMPLOYER'S NAME: _____
CITY/TOWN: _____ STATE: _____
EMPLOYED FROM: _____ TO: _____
- EMPLOYER'S NAME: _____
CITY/TOWN: _____ STATE: _____
EMPLOYED FROM: _____ TO: _____
- EMPLOYER'S NAME: _____
CITY/TOWN: _____ STATE: _____
EMPLOYED FROM: _____ TO: _____

7. ATTACH OWNER(S) MOTOR VEHICLE RECORD

REMARKS: _____

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE

DATE