

Photocopy this page. Complete the Questionnaire by providing as much detail as possible.

After Completed, please fax or mail the questionnaire to Abbey Insurance Services of Norcross.

This form will aid you in preparing and presenting personal information for the confidential use of our Selection Committee. Please complete it in as much detail as possible. Completion of this report places no obligation of any kind on either Abbey Insurance Services, Inc. or the prospective partner.

PLEASE COMPLETE ALL INFORMATION

Answer "None" where information does not apply

Name	Social Security No.	
Home Address	How long there?	
City	State	Zip
Previous Address	How long there?	
City	State	Zip
Home Phone ()	Business Phone ()	
Business	Address	
City	State	Zip
Position	How long there?	
Spouse's Business Address	Phone ()	
City	State	Zip
Position	How long there?	
Other Business Connections (Officer, Director, Owner, Partner, etc.)		

PREVIOUS BUSINESS EXPERIENCE

Business	To	Position	Annual Income

Exact nature of executive experience (including self employment):

What source prompted your interest in Abbey Insurance Services, Inc.

Personal experience (location) _____

Advertisements) _____

Other _____

How much capital (CASH) are you prepared to invest?

Did you have a source for financing? Yes No

(If so, please name the source) _____

Visit us on the world wide web - <http://www.abbeyinsurance.com> or contact us by phone, fax, or email!