



NEW VENTURE SUPPLEMENTAL APPLICATION

To be completed by owner

Named Insured: _____ MC# _____
DOT# _____

Name of Owner: _____

How long have you been driving a tractor/trailer? _____

Date of first CDL: _____

Who did you drive for prior? (answer for each driver) _____ How long? _____

Describe ALL accidents in the past 3 years designating "at fault" and "not at fault" _____

Number of moving violations in the last 3 years: _____

Who do you anticipate will be your 2 largest customers? _____

Will you be the primary driver? Yes No

Describe your vehicle maintenance program: _____

Are you the owner of the vehicle? Yes No

Will you be using owner operators? Yes No

Will you be traveling beyond a 1,000 mile radius? Yes No

Do you expect to increase the number of vehicles in your first year of operation? Yes No

If so, how many additional units? _____

Insured Signature

Date