



NEW VENTURE PROFILE

Named Insured: _____
Mailing Address: _____
City, State, ZIP _____
Garaging Address: _____
City, State, ZIP _____
Telephone: _____ Fax: _____
Website or Email: _____

How long have you been driving tractor / trailers & when did you get your CDL? _____
Who did you drive for prior to this application? _____
What was (were) your route(s)? _____
What did you haul? _____
How many accidents have you been involved in (at fault & not at fault) over the last 5 years? _____
How many moving violations do you have, over the last 5 years? _____

Attach copies of current Motor Vehicle Records (MVRs) for each driver

Do you expect to increase the number of vehicles within the next 12 months? Yes No
If yes, how many? _____

Describe your hiring practices and standards for new drivers? _____

Will you allow trip leasing (to / from)? Yes No
Will you use team drivers? Yes No
Will you conduct slip-seat operations? Yes No

Do you allow passengers? Yes No
Do you allow family members to travel with the driver? Yes No

Describe your vehicle maintenance program? _____

What is your estimated revenue / gross receipts for the next 12 months? _____
What is your estimated mileage for the next 12 months? _____

Attach a copy of your estimated miles by state

What will you be hauling? _____
For whom? _____
Who is financing the new operation or where is the capital coming from? _____
Are you apply for motor carrier authority? Yes No

Printed name & title of person completing this form

Signature

Date