

NEW VENTURE SUPPLEMENT

(Less than 2 Years In Business)



Phone: 800-769-4321 Fax: 317-814-4794

Applicant Name: _____

GENERAL INFORMATION

1. Is owner a driver? Yes No
2. How long have you been driving the same type auto(s) as scheduled on application? _____
3. Have you previously owned equipment? Yes No **If Yes,**
 - A. How long? _____ # of owned autos: _____
 - B. Did you have Non-Trucking and / or Physical Damage Coverage in your name? Yes No **If Yes,**
 - C. Insurance Carrier: _____ Policy Term _____ Losses: Yes No **If Yes,** details: _____
4. Will you be using Non-Owned Trailers? If Yes, Explain: _____
5. Do you expect to increase the number of autos within the next 12 months? Yes No **If yes,** details _____
6. Will you be hauling for the same shippers used while employed or under lease? Yes No **If no,** details _____
7. Will you be hauling similar commodities? Yes No **If no,** details _____
8. How many accidents have you been involved in (at fault & not at fault) over the last 3 years? _____
9. Who is your current Carrier? _____
10. Loss History? _____

Provide prior experience for the last 3 years.

Company Leased to or Employed by	Dates of Employment

PRINT NAME

TITLE

SIGNATURE OF APPLICANT

DATE