

NEW VENTURE SUPPLEMENT

Owner Name:	DBA:
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Date Business Established: _____

Has owner ever operated business under another name? Yes No
 If yes, please provide all business names and that owner has owned in the past: _____

 How many years experience in similar business? _____

When was the vehicle on the application acquired? _____

Driver Employment History (Please complete a separate page for each driver)
 If you have not had insurance for the past two years in your name, provide three years employment history for each driver.
 Do not indicate "self-employed" unless you have had insurance in your name. (For additional drivers, please attach separate page)
 Please note that below information must be provided as 1 page per driver. (ALL scheduled drivers must provide)

Dates of Employment	Prior Employment DBA and Full Address	MC #	Job Duty	Type of Unit	License Class	VIN or Plate #

Driver Loss History
 If you have had any accident, claim, or loss in last three years, please provide detailed information.
 Please also include personal auto accident history in MVR with explanation. (For additional history, please attach separate page)

	Date of Accident	Amount Paid	Open Reserves	Description
1				
2				
3				

FEIN # and/or SS# for new venture: _____

Date and state first CDL received? _____

Who did you drive for prior to becoming a new venture? _____

What did you haul prior to becoming a new venture? _____

Provide your prior route? _____

What will your future route be? _____

What will you be hauling and for whom? _____

Will the venture require financing of the operation?: _____

If yes, with whom? _____

I certify that the above information is true, based on Company Records.

 (Printed Applicant Name, producer cannot sign for the applicant) (Title)

 (Applicant Signature) (Date)