

New Venture Supplement

Owner Name:

DBA:

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				

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)

COMMODITIES – Please identify the commodities transported and percentages below

Commodity	Percentage	Commodity	Percentage	Commodity	Percentage

SCHEDULE OF AUTOS

[illegible]

Trailer Types (Check those that are applicable)

Auto Hauler		Dump-Bottom		Pneumatic	
Customized		Dump-End		Refrigerated	
Dry Bulk		Dump-Side		Tanker	
Dry Van		Flatbed		Other: Describe	
		Low Boy		Other: Describe	

DRIVER INFORMATION

Driver Name		Date of Birth	License #	State	Yrs of Class A Experience	Yrs with Company	Type of Employee*
1							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
2							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
3							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
4							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
5							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O

* I: Named Insured / E: Employee / O: Owner Operator

INSURANCE HISTORY & LOSS EXPERIENCE

[illegible]

NOTE: Please include if there was any lapse in coverage period.

Loss Descriptions:

	YES	NO
1. Do you anticipate adding units during the policy term?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how may units will be added?		
b. How many units will be owned (registered) by named insured?		
c. How many units will be owner-operators working for you?		
2. Do you hire other motor carriers or owner-operators to haul for you?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are these scheduled?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you haul any hazardous material, extra hazardous substances, or waste commodities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any units equipped with GPS location services?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the type of device and how insured keeps the records in below.		
5. Do you pull double trailers? If yes, please describe customary and usual routes in below.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you pull triple trailers?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you haul oversize or overweight loads?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you haul commodities that are subject to tight delivery time constraints?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all the equipment operation under your authority scheduled on this application?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the insured involved in any business activity other than trucking?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you act as a freight-broker or freight-forwarder or arrange loads for others?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you or any business you owned ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
13. Any policy or coverage declined, cancelled, non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is a Truckers Uniform Intermodal Interchange endorsement required?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you carry Worker's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is any portion of your operation seasonal? If yes, explain below.	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you lease your vehicles to others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who must provide primary liability coverage?	<input type="checkbox"/> You	<input type="checkbox"/> Lessee
18. Do you have a formal safety program in place?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have a vehicle maintenance program in place?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there personal use of vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is all the equipment operating under your authority scheduled on this application?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you anticipate traveling to outside of the U.S. (Canada or Mexico) during the policy term?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional explanation for any answers needed.

ALL VEHICLES SCHEDULED ON THE POLICY MUST BE OWNED/REGISTERED TO THE NAMED INSURED OR HAVE A WRITTEN LEASE AGREEMENT BETWEEN THE INSURED AND VEHICLE OWNER.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (NOT APPLICABLE IN CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAINTHE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OFHIS/HER KNOWLEDGE.

I AUTHORIZE _____ TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORD FOR RATING/UNDERWRITING THE INSURANCE FOR WHICH I HAVE APPLIED. I ALSO UNDERSTAND THAT A ROUTINE INQUIRY MAY BE MADE PROVIDING INFORMATION CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, AS WELL AS ANY PERTINENT FINANCIAL DATA DEEMED NECESSARY. UPON WRITTEN REQUEST, INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT WILL BE PROVIDED TO ME.

Insured Signature: _____

Date: _____

Agent Signature: _____

Date: _____