



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 that owner has owned in the past:

Years experience in similar business? _____ Date vehicle on the application was acquired? _____

Driver Name:

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

Years experience in similar business? _____ Date vehicle on the application was acquired? _____

Driver Employment History (Please complete a separate page for each driver)

If you have not had insurance for the past three years in your name, provide three years employment history.

Please note that below information must be provided as 1 page per driver. (ALL scheduled)

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

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)