

Transportation New Venture Profile

Named Insured: _____ Effective date of new venture: _____

How long have you been driving tractor/trailer rigs? Years: _____ Months: _____

How long have you been driving other types of commercial vehicles? Years: _____ Months: _____

Other Types of commercial vehicles driven (list): _____

For whom did you drive prior?	How long?	Types of power units

Date of first CDL: _____ Date of first other Commercial License (type): _____

What were you hauling prior? _____

What was your route? Discuss: _____

How many accidents were you involved in the last 5 years? # At fault: _____ # Not at Fault (NAF): _____

Describe accidents in detail, and provide copies of police reports for NAF accidents:

***MVR's - Note - Attach a copy of all MVR's with the submission.**

If any driver shows license less than 3 years since issue date, attach copy of prior license.

What will you be hauling? _____ For whom? _____

Who is financing the new operation? _____

Are you applying for DOT authority? Yes* No MC Authority? Yes* No *When? _____

Do you expect to increase the number of power units within one year? Yes* No *If yes, to how many will you be adding? _____

What are the anticipated gross receipts? _____

Total mileage this year? _____ Show mileage by state: _____

Will you allow trip leasing? Yes No Will you use team drivers? Yes No

Are family members traveling with you? Yes No

Describe your driver hiring practices: _____

Describe the vehicle maintenance program: _____

Insured Signature: _____ Date: _____