

**NEW VENTURE SUPPLEMENT**

**Insured Name:**

Address:

**Questionnaire:**

Is the owner a driver? Yes:  No:

Are you applying for Authority? Yes:  No:  If no, when:

How long have you been driving the same type auto(s) as scheduled on application?

How long have you managed a trucking operation hauling the same type of goods as scheduled on the application?

List the DOT/MC#'s for each carrier:

Have you previously owned equipment? Yes:  No:  If yes, how long: # of autos:

Did you have Non-Trucking and/or Physical Damage Coverage in your name? Yes:  No:

If yes, Who was the Insurance Carrier: What was the Policy Term:

Were there any losses? Yes:  No:  If yes, provide details:

Please describe growth plan:

Will you be hauling similar commodities? Yes:  No:  If no, provide details:

Will you be hauling for the same shippers used while employed or under lease? Yes:  No:

Will you be operating same routes? Yes:  No:  If no, provide details

**Please list all losses incurred (regardless of fault) in the past 3 years:**

Policy Year	Insurance Carrier	# of Losses	Types of Loss	Paid	Reserved

**Prior Experience: If leased onto a fleet, then add the safety director's name; if a hired driver, then prior employer.**

Name of Employer	Contact	Phone#	Employed		Employee/Leased	Commodities	Radius
			From	To			

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any agent of an insurance company or insured who knowingly provides false, incomplete or misleading facts or information to the insurance company for the purpose of defrauding or attempting to defraud the insurance company shall be reported to the insured's state insurance Department of Regulatory Agencies.

X

\_\_\_\_\_  
Name and Title:

\_\_\_\_\_