

NEW VENTURE PROFILE

Named Insured _____ Effective date of new venture _____

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

Who did you drive for prior? _____ How long? _____

Date of first CDL _____

What were you hauling prior? _____

What was your route? _____

How many accidents were you involved in the last 5 years? _____
Describe: _____

Attach a copy of all MVRs to the application

What will you be hauling? _____ For whom? _____

Who is financing the new operation? _____

Are you applying for ICC authority? __ yes__ no When? _____

Do you expect to increase the number of vehicles within one year? _____
If yes, how many? _____

Describe your drive hiring practices _____

Will you allow trip leasing? __ yes__ no Will you use team drivers? _____yes_____ No

Are family members traveling with you? _____ yes__ no

Describe the vehicle maintenance program _____

What is the anticipated gross receipts? _____ total mileage? _____

Attach a copy of the anticipated mileage by state

Signature :

Date :