

NEW VENTURE PROFILE

Named Insured _____ Effective date of new venture _____

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

Whom did you drive for prior?:

_____ How long? _____
_____ How long? _____
_____ 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 : _____