

NEW VENTURE SUPPLEMENTAL APPLICATION

Insured Name:
Who Owns the Company?
Does the Owner Drive?
Have you had any Accidents (regardless of fault) in past 5 years?
If yes, please describe: Date of Accident, Total Amount Paid & Reserved, Coverage, Description of Loss
Narrative of Operation: How did this company come to be, how do you secure loads, why will people do business with your operation, how do you secure drivers, what are your growth plans over the next 5 years, etc...

5 year prior work history of the owner.

Years	Name of Employer	Contact	Phone#	Employee or OO	Commodities
2018-Present					
2017-2018					
2016-2017					
2015-2016					
2014-2015					

By signing the below, you are giving us or one of our representatives permission to call the references.

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: _____