

## **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: \_\_\_\_\_

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What is the anticipated gross receipts? \_\_\_\_\_ total mileage? \_\_\_\_\_

### **Attach a copy of the anticipated mileage by state**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_