

Named Insured: \_\_\_\_\_ Effective date of new venture: \_\_\_\_\_

How long have you been driving tractor/trailer rigs?  Years: \_\_\_\_\_  Months: \_\_\_\_\_

How long have you been driving other types of commercial vehicles?  Years: \_\_\_\_\_  Months: \_\_\_\_\_

Other Types of commercial vehicles driven (list): \_\_\_\_\_

For whom did you drive prior?	How long?	Types of power units

Date of first CDL: \_\_\_\_\_ Date of first other Commercial License (type): \_\_\_\_\_

What were you hauling prior? \_\_\_\_\_

What was your route? Discuss: \_\_\_\_\_

How many accidents were you involved in the last 5 years?  # At fault: \_\_\_\_\_  # Not at Fault (NAF): \_\_\_\_\_

Describe accidents in detail, and provide copies of police reports for NAF accidents:  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*MVR's - Note - Attach a copy of all MVR's with the submission.  
 If any driver shows license less than 3 years since issue date, attach copy of prior license.**

What will you be hauling? \_\_\_\_\_ For whom? \_\_\_\_\_

Who is financing the new operation? \_\_\_\_\_

Are you applying for DOT authority?  Yes\*  No MC Authority?  Yes\*  No \*When? \_\_\_\_\_

Do you expect to increase the number of power units within one year?  Yes\*  No \*If yes, to how many will you be adding? \_\_\_\_\_

What are the anticipated gross receipts? \_\_\_\_\_

Total mileage this year? \_\_\_\_\_ Show mileage by state: \_\_\_\_\_

Will you allow trip leasing?  Yes  No Will you use team drivers?  Yes  No

Are family members traveling with you?  Yes  No

Describe your driver hiring practices: \_\_\_\_\_  
 \_\_\_\_\_

Describe the vehicle maintenance program: \_\_\_\_\_  
 \_\_\_\_\_

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