

**New Venture Profile**

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

How long have you been driving tractor-trailers? \_\_\_\_\_

Who was your previous employer? \_\_\_\_\_

How Long? \_\_\_\_\_

Date of first CDL \_\_\_\_\_

What product were you previously hauling? \_\_\_\_\_

What was your route? \_\_\_\_\_

How many accidents have you been involved in the last 5 years? \_\_\_\_\_

Details of accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 on year? \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Describe your 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: \_\_\_\_\_