

NEW VENTURE PROFILE

Named Insured _____ Effective date of new venture _____

Drivers name if other than named insured: _____

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

How many accidents were you involved in the last 5 years? _____

In Personal vehicle OR Commercial Vehicle

Describe: _____

1. Who did you drive for prior? _____

Their dot#: _____

How long? _____

Local - Intrastate - Interstate

2. Who did you drive for prior? _____

Their dot#: _____

How long? _____

Local - Intrastate - Interstate

3. Who did you drive for prior? _____

Their dot#: _____

How long? _____

Local - Intrastate - Interstate

What were you hauling prior? _____

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 or no.

Will you use team drivers? yes or no.

Are family members traveling with you? yes or no.

Describe the vehicle maintenance program _____

Signature: _____ **Date:** _____