

18062 Irvine Blvd., Suite 303, Tustin, CA 92780-3329 ✧ Mailing: P.O. Box 1065, Tustin, CA 92781-1065

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: _____

Please 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 _____

What is the anticipated gross receipts? _____ Total mileage? _____

Attach a copy of the anticipated mileage by state

Signature: _____ **Date:** _____