



# NEW VENTURE SUPPLEMENT

(Less than 2 years in business)

Applicant Name: \_\_\_\_\_

## GENERAL INFORMATION

1. Is owner a driver? Yes No
2. How long have you been driving the same type auto(s) as scheduled on application? \_\_\_\_\_
3. Have you previously owned equipment? Yes No **If yes,**
  - A. How long? \_\_\_\_\_ # of owned autos: \_\_\_\_\_
  - B. Did you have Non-Trucking and / or Physical Damage Coverage in your name? Yes No **If yes,**
  - C. Insurance Carrier: \_\_\_\_\_ Policy Term: \_\_\_\_\_  
Losses: Yes No **If yes,** details: \_\_\_\_\_
4. Do you expect to increase the number of autos within the next 12 months? Yes No **If yes,** details: \_\_\_\_\_
5. Will you be hauling for the same shippers used while employed or under lease? Yes No **If no,** details: \_\_\_\_\_
6. Will you be hauling similar commodities? Yes No **If no,** details: \_\_\_\_\_
7. Will you be operating same routes? Yes No **If no,** details: \_\_\_\_\_
8. How many accidents have you been involved in (at fault & not at fault) over the last 3 years? \_\_\_\_\_
9. Applying for Authority? Yes No **If no,** when? \_\_\_\_\_

## PRIOR EXPERIENCE

10. Provide prior experience for the past 6 years.

Company Leased to or Employed By	Phone #	Dates of Employment	Indicate Employee = E Leased = L	Unit Type	Commodities	Radius

This supplement is a part of the Maxum Casualty Application (A002) and will be relied upon by the company as an integral part of the application. All Notices and Insured Agreements listed and acknowledged by you on the application also apply to information provided in this supplement.

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_