



## New Venture Supplement

Owner Name:	DBA:
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Date Business Established: \_\_\_\_\_

Has owner ever operated business under another name? Yes    No  
 If yes, please provide all business names that owner has owned in the past:

Years experience in similar business? \_\_\_\_\_ Date vehicle on the application was acquired? \_\_\_\_\_

Driver Name:
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Has driver ever operated business under another name? Yes    No  
 If yes, please provide all business names that driver has owned in the past:

Years experience in similar business? \_\_\_\_\_ Date vehicle on the application was acquired? \_\_\_\_\_

**Driver Employment History** (Please complete a separate page for each driver)

If you have not had insurance for the past three years in your name, provide three years employment history.

**Please note that below information must be provided as 1 page per driver. (ALL scheduled)**

Dates of Employment	Prior Employment DBA and Full Address	MC #	Job Duty	Type of Unit	License Class	VIN or Plate #
From      To -            -						
From      To -            -						
From      To -            -						

**Loss History**

If you have had any accident, claim, or loss in last three years, please provide detailed information.

Please also include personal auto accident history in MVR with explanation. (For additional history, please attach separate page)

	Date of Accident	Amount Paid	Open Reserves	Description
1				
2				
3				

I certify that the above information is true, based on Company Records.

\_\_\_\_\_  
 (Printed Applicant Name, producer cannot sign for the applicant) (Title)

\_\_\_\_\_  
 (Applicant Signature) (Date)