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Specialty New Venture Supplement

This form is supplemental to the Specialty Commercial Automobile Application. A fully completed Specialty Commercial Automobile Application with the Specialty New Venture Supplement and any applicable class specific supplement is required to complete the application process.

Please complete a separate New Venture Supplement for each Owner and Driver

Specialty Policy #: _____

Applicant Name _____

(dba) _____

1. Do you have any plans for expansion over the next 12 months? If yes, provide details:

2. Truck For Hire Risks, provide MC #: _____ or USDOT#: _____

Section I – Driver Information

3. Drivers Full Name: _____ Date of Birth: _____

4. License State: _____ License #: _____ License Exp Date: _____

5. Month/Year CDL was obtained: _____ / _____ List all Certifications, Permits & Endorsements on License:

6. Have you had any moving violations or accidents in the last 3 years? Yes No

If Yes; please provide full details including date and type of violation (attach MVR or separate sheet if necessary):-

Section II – Driver Employment History

7. List in order of most recent employer:

Employer #1 _____ Phone # _____

Physical Address: _____ Website: _____

States operated into: _____ Number of Years Employed: _____

Dates of Employment: _____ / _____

Did you have an owners' interest in this entity? Yes No

Indicate if you were a Full Time or Part Time Driver

Indicate types of vehicles operated: Bus (max seating capacity) _____ Van (max seating capacity) _____

Dump Truck Wrecker/Tow Truck Waste Truck Straight/Box Truck Tractor/Semi Trailer

Flat Bed Truck Other: _____

If you operated a wrecker/tow truck, did you also repossess vehicles? N/A Yes No

Indicate weight for Truck types selected above: N/A Light Medium Heavy Truck or Tractor

Extra Heavy Truck or Tractor

Indicate cargo hauled: _____

Employer #2 _____ Phone # _____

Physical Address: _____ Website: _____

States operated into: _____ Number of Years Employed: _____

Dates of Employment: _____ / _____

Did you have an owners' interest in this entity? Yes No

Indicate if you were a Full Time or Part Time Driver

Indicate types of vehicles operated: Bus (max seating capacity) _____ Van (max seating capacity) _____

Dump Truck Wrecker/Tow Truck Waste Truck Straight/Box Truck Tractor/Semi Trailer

Flat Bed Truck Other: _____

If you operated a wrecker/tow truck, did you also repossess vehicles? N/A Yes No

Indicate weight for Truck types selected above: N/A Light Medium Heavy Truck or Tractor

Extra Heavy Truck or Tractor

Indicate cargo hauled: _____
