

NEMT - New Venture Supplemental Application

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This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application. Notify premium finance company of hired auto audit requirements.

NEW VENTURE SUPPLEMENTAL INFORMATION

1. Applicant name: _____
2. DBA: _____
3. Name of owner(s): _____
4. Is owner the driver? Yes No Do they hold an active CDL? Yes No Year CDL was attained? _____
5. Years experience: _____ Type (Driver, Owner, Manager, etc.) _____
6. Will this entity be the owner's main source of personal income? Yes No
7. Are all scheduled units owned by you? Yes No

If no, explain _____

8. Have you ever operated, driven for, or have any prior affiliation with any other trucking entities? Yes No

If yes, please provide details for all prior entities in the past 5 years:

Entity Name:		USDOT#	
Entity Name:		USDOT#	
Entity Name:		USDOT#	

Reason for deactivation of/or departure from any prior entities? _____

9. Has an insurance company cancelled or non-renewed a policy for any owned entity in the past 5 years? Yes No

If yes, describe _____

10. Do you currently or are you planning to hire others to haul for you during the policy term? Yes No

If yes:
What is the expected amount you will pay others to haul for you in the next 12 months? _____

Will they be working for you on a short term or long term basis? _____

Do you require a written lease agreement for those hauling for you? Yes No

If yes, does the lease agreement require the lessee to provide Primary Auto Liability Insurance? Yes No

11. Do you expect to add any vehicles to the policy in the next 12 months? Yes No

If yes:
Projected number of units to be added? _____
What are new driver requirements? _____

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Completed by Insured _____ Date _____
(Insured's Signature)