



NEW VENTURE QUESTIONNAIRE

NAMED INSURED INCLUDING DBA: _____

EFFECTIVE DATE OF NEW VENTURE: _____

FEIN# AND/OR SS# FOR NEW VENTURE: _____

HOW LONG HAVE YOU BEEN DRIVING TRACTOR/TRAILER UNITS? _____

DATE AND STATE FIRST CDL RECEIVED? _____

WHO DID YOU DRIVE FOR PRIOR TO BECOMING A NEW VENTURE? _____

WHAT DID YOU HAUL PRIOR TO BECOMING A NEW VENTURE? _____

PROVIDE YOUR PRIOR ROUTE? _____

WHAT WILL YOUR FUTURE ROUTE BE? _____

WHAT WILL YOU BE HAULING AND FOR WHOM? _____

WILL THE VENTURE REQUIRE FINANCING OF THE OPERATION? _____

IF YES, WITH WHOM? _____

ARE YOU APPLYING FOR AN ICC AUTHORITY WITH NAMED INSURED ABOVE? _____ IF YES
WHEN? _____ IF NO, WHOSE AUTHORITY ARE YOU GOING
TO USE? _____

DO YOU EXPECT TO INCREASE THE NUMBER OF VEHICLES WITHIN ONE YEAR? _____

IF YES, HOW MANY? _____ WHEN? _____

DESCRIBE YOUR DRIVER HIRING PRACTICES. _____

DESCRIBE YOUR VEHICLE MAINTENANCE PROGRAM. _____

WILL YOU ALLOW TRIP LEASING? _____ WILL YOU USE TEAM DRIVERS? _____

ARE FAMILY MEMBERS TRAVELING WITH YOU? _____ IF SO, WHOM _____

WHAT IS THE ANTICIPATED GROSS RECEIPTS? _____

TOTAL ANNUAL MILEAGE? _____

NOTICE OF INFORMATION PRACTICES (PRIVACY)

Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

AZ: As described in ARIZONA revised statute 20-2104(D), a credit report or other investigative report about you may be requested in connection with this application for insurance. Any information which we have or may obtain about you or other individuals listed as policyholders on our policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. Also, pursuant to ARIZONA revised statute 20-2104(C), if you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, please write us at the address provided with your policy.

CA: This authorization shall expire one year from the date you signed the authorization.

MA: Credit scoring information may be used to determine your eligibility for insurance but not for rating purposes.

MN: We are required to obtain this authorization from you pursuant to Minnesota Statute 72A.501. I, the undersigned, hereby authorize the agent named above, if any, and/or the underwriting department of the insurance company named above to collect credit-related and other information about me from credit bureaus and other organizations providing personal or privileged information. I understand this information will be used for the purpose of making underwriting decisions in connection with the insurance for which I have applied, sought reinstatement or requested a change in benefits. These decisions may include determinations to grant or deny me coverage and/or the rates I will be charged. I also understand that I have the right to request in writing that extraordinary life circumstances be considered in connection with the development of my credit score.

OR: In connection with my application for insurance to the company shown above, ("You"), I hereby authorize you to collect and disclose personal, privileged information, about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. I understand that credit scoring information may be used to either determine my eligibility for insurance or the premium I will be charged. Credit scoring cannot be used for renewals unless requested by the insured. I understand that I am entitled to receive a copy of this authorization and, upon request, a record of any subsequent disclosures of personal or privileged information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.

VA: In accordance with applicable federal and state laws, a credit report or other investigative report about you may be requested in connection with this application for insurance. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may request that your credit information be updated and if you question the accuracy of the credit information, we will, upon your request, reevaluate you based on corrected credit information from consumer reporting agency. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this **VA Cont.:** information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, and where permitted by law, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims

handling, servicing, underwriting and insurance marketing. You have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, ask your agent, or if you have been issued a policy, please write us at the address provided with your policy.

An insurer authorized to do business in certain states that uses credit information to underwrite or rate risks for a policy of personal insurance may, on written request from a consumer, provide reasonable exceptions to the insurer's rates, rating classifications, company or tier placement, or underwriting rules or guidelines for a consumer who has experienced and whose credit information has been directly influenced by events considered extraordinary life circumstances such as:

1. Catastrophic event, as declared by the federal or a state government.
2. Serious illness or injury, or serious illness or injury to an immediate family member.
3. Death of a spouse, child, or parent.
4. Divorce or involuntary interruption of legally owed alimony or support payments.
5. Identity theft.
6. Temporary loss of employment for a period of three months or more, if such loss results from involuntary termination of employment.
7. Military deployment overseas.
8. Other events, as determined by the insurer

If a consumer submits a request for an exception as set forth above, an insurer may, in its sole discretion, but is not required to, do any of the following:

1. Require the consumer to provide reasonable written and independently verifiable documentation of the event.
2. Require the consumer to demonstrate that the event had direct and meaningful impact on the consumer's credit information.
3. Require such request to be made no more than sixty days from the date of the application for insurance or the policy renewal.
4. Grant an exception despite the fact that the consumer did not provide the initial request for an exception in writing.
5. Grant an exception where the consumer asks for consideration of repeated events or the insurer has considered this event previously.

FRAUD STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES

Fraud Warning

AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

KY, NY, OH, and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature

APPLICANT SIGNATURE

DATE

SIGNATURE OF INSURED'S AGENT

PRINT AGENT NAME AND LICENSE NUMBER

NAME OF AGENCY

AGENCY PHONE NUMBER