



NEW VENTURE SUPPLEMENTAL APPLICATION

Named Insured: _____

How long have you been driving a tractor/trailer? _____ Effective date of new venture: _____

Date of first CDL: _____

Who did you drive for prior? _____ How long? _____

What were you hauling prior? _____

What was your route? _____

How many accidents have you been involved in over the last 5 years? _____

Describe accidents "not at fault": _____

Describe accidents "at fault": _____

What will you be hauling? _____ For whom? _____

Who is financing the new operation? _____

Describe your vehicle maintenance program:

What is the anticipated gross receipts? _____ Total mileage? _____
(Attach a copy of the anticipated mileage by state)

Future Goal: Remain an owner operator: Start a trucking company:

Are you applying for ICC authority? Yes No If Yes, When? _____

Do you expect to increase the number of vehicles in your first two years of operation? Yes No

Note: If Yes, risk will be unacceptable per Lancer's underwriting guidelines and coverage will be reviewed for cancellation and/or non-renewal.

Insured Signature

Date

LANCER MANAGEMENT COMPANY, INC.

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