maxum
CASUALTY INSURANCE COMPANY

NEW VENTURE SUPPLEMENT

(Less than 2 years in business)

Applicant Name: _____

GENERAL INFORMATION

1. Is owner a driver? ☐Yes ☐No

2. How long have you been driving the same type auto(s) as scheduled on application? _____

3. Have you previously owned equipment? ☐Yes ☐No **If yes**,

A. How long? _____ # of owned autos: _____

B. Did you have Non-Trucking and / or Physical Damage Coverage in your name? ☐Yes ☐No **If yes**,

C. Insurance Carrier: _____ Policy Term: _____

Losses: ☐Yes ☐No **If yes**, details: _____

4. Do you expect to increase the number of autos within the next 12 months? ☐Yes ☐No **If yes,** details:

_____

5. Will you be hauling for the same shippers used while employed or under lease? ☐Yes ☐No **If no,** details:

_____

6. Will you be hauling similar commodities? ☐Yes ☐No **If no,** details:

_____

7. Will you be operating same routes? ☐Yes ☐No **If no,** details:

_____

8. How many accidents have you been involved in (at fault & not at fault) over the last 3 years? _____

_____

9. Applying for Authority? ☐Yes ☐No **If no,** when? _____

PRIOR EXPERIENCE

10. Provide prior experience for the past 6 years.

Company Leased to or Employed By	Phone #	Dates of Employment	Indicate Employee = E Leased = L	Unit Type	Commodities	Radius

This supplement is a part of the Maxum Casualty Application (A002) and will be relied upon by the company as an integral part of the application. All Notices and Insured Agreements listed and acknowledged by you on the application also apply to information provided in this supplement.

_____ _____

Print Name **Title**

_____ _____

Signature of Applicant **Date**