

Alpine Transportation Insurance RRG



TRUCKING - NEW VENTURE SUPPLEMENT

Applicant Name: _____ Date Coverage Desired: _____

GENERAL INFORMATION

1. Is owner the only driver? Yes No -- If no, question #11 must be fully completed
2. When did you first obtain your commercial class A license? Month _____ Year _____
3. Have you ever had prior commercial insurance in you or your business name? Yes No If yes,
Insurance Carrier: _____ Policy Term(s): _____
Losses: Yes No If yes, details: _____
4. Have you been driving trucks / tractors commercially for at least 2 years? _____
Provide the following previous employer information where employed as a trucker for at least 2 years.

Name Of Prior Employer	Contact Name	Telephone #	Dates Employed (must show a total of at least 2 years)

5. What radius were you traveling while employed? _____
6. What radius (farthest one way distance) do you anticipate traveling at least 80% of the time? _____
7. Will you be traveling out of California? Yes No If yes list states you may travel in
_____ How often? _____
8. What type of commodities were you hauling while employed? _____
9. What commodities will you be hauling over the next 12 months? No If yes, details:

10. Have you applied or will you be applying for the following authorities?
 MCP – State Authority – CA# _____ ICC - Federal Authority - MC# _____
If not applying for individual authority, whose authority will you be hauling under? _____
11. Are there additional drivers that may will be driving or operating vehicles? If yes, provide driver experience for past 2 years.

Drivers Name	Name of Prior Employer	Contact Name & Tel #	Dates Employed (must total 2 years).

Applicant Signature

Date

Producer Signature

Date