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## HAZARDOUS TRANSPORTATION NEW VENTURE APPLICATION

Named Insured: \_\_\_\_\_

US DOT#: \_\_\_\_\_

Business owner's name: \_\_\_\_\_

What is the Owner's prior business experience, including dates:

\_\_\_\_\_  
\_\_\_\_\_

Owner's experience & training for the commodities that will be hauled:

\_\_\_\_\_  
\_\_\_\_\_

Has the owner ever operated under another name or DOT#?

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Will you be a contract carrier, if so for whom: \_\_\_\_\_

Will you be a common carrier? Yes          No

Are all vehicles on the application owned by the named insured? Yes          No

If No, explain: \_\_\_\_\_

Will you use owner operators or sub haulers? Yes          No

What are your growth plans the next 12 months? \_\_\_\_\_

Do you plan to hire more drivers? Yes          No

If Yes, what are your hiring and training procedures:

\_\_\_\_\_  
\_\_\_\_\_

Who will be booking the loads? \_\_\_\_\_

What name will be on the bill of lading? \_\_\_\_\_

What are your Maintenance procedures?

\_\_\_\_\_  
\_\_\_\_\_

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Will you operate in or around the oilfields? Yes      No

If Yes, please explain: \_\_\_\_\_

Will you cross the US border at any time? Yes      No

If Yes, please explain: \_\_\_\_\_

Complete driver information for all drivers to include at least the last 5 years;

Driver Name: _____			
Date of Birth: _____			
Original CDL Issue Date: _____			
Hazmat Endt Date: _____			
Tank Endt Date: _____			
Employer: _____		Dates of employment: _____	
Employer City/State: _____		Employer Telephone: _____	
Equipment Operated	Type - Box, Van, Flatbed, Tank Etc	Commodities Hauled	Addl Comments
Straight Trucks			
Tractor			
Other			
Were you subject to Federal Motor Carrier Safety Regulations during this period:			Yes <input type="checkbox"/>
Reason for leaving:			No <input type="checkbox"/>

Driver Name: _____			
Date of Birth: _____			
Original CDL Issue Date: _____			
Hazmat Endt Date: _____			
Tank Endt Date: _____			
Employer: _____		Dates of employment: _____	
Employer City/State: _____		Employer Telephone: _____	
Equipment Operated	Type - Box, Van, Flatbed, Tank Etc	Commodities Hauled	Addl Comments
Straight Trucks			
Tractor			
Other			
Were you subject to Federal Motor Carrier Safety Regulations during this period:			Yes <input type="checkbox"/>
Reason for leaving:			No <input type="checkbox"/>

Driver Name: _____			
Date of Birth: _____			
Original CDL Issue Date: _____			
Hazmat Endt Date: _____			
Tank Endt Date: _____			
Employer: _____		Dates of employment: _____	
Employer City/State: _____		Employer Telephone: _____	
Equipment Operated	Type - Box, Van, Flatbed, Tank Etc	Commodities Hauled	Addl Comments
Straight Trucks			
Tractor			
Other			
Were you subject to Federal Motor Carrier Safety Regulations during this period:			Yes <input type="checkbox"/>
Reason for leaving:			No <input type="checkbox"/>

Driver Name: _____			
Date of Birth: _____			
Original CDL Issue Date: _____			
Hazmat Endt Date: _____			
Tank Endt Date: _____			
Employer: _____		Dates of employment: _____	
Employer City/State: _____		Employer Telephone: _____	
Equipment Operated	Type - Box, Van, Flatbed, Tank Etc	Commodities Hauled	Addl Comments
Straight Trucks			
Tractor			
Other			
Were you subject to Federal Motor Carrier Safety Regulations during this period:			Yes <input type="checkbox"/>
Reason for leaving:			No <input type="checkbox"/>

*This page can be copied if more drivers or more space is needed.*

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DELAWARE APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**NOTICE TO KANSAS APPLICANTS:** 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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application with deceptive and materially false information in order to gain acceptance of the risk by the Insurer, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TEXAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

I declare to the best of my knowledge that all statement herein are true and no material facts have been suppressed or misstated. I am also aware that my business organization may be inspected by the insurance company.

Producer Name, City, State and Phone \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Insured Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_