COLONY SPECIALTY

Member Argo Group

NEW VENTURE SUPPLEMENT

Please complete a separate Colony New Venture Supplement for each Driver

☐ Colony Insurance Company
☐ Colony Specialty Insurance Company
☐ Argonaut Insurance Company
☐ Argonaut Midwest Insurance Company

SECTION I- APPLICANT INFORMATION

1. Proposed Insured Name _____Phone # _____

2. Proposed Policy Period: _____ Website_____

SECTION II – DRIVER INFORMATION

1. Drivers Full Name: _____ Date of Birth: _____

2. License State: _____ License #: _____ License Exp Date: _____

3. Month/Year CDL was Obtained: _____/_____ List all Certifications, Permits & Endorsements on License:

_____

4. Do you Repossess autos? ☐ Yes ☐ No If **Yes**, please enter years of Repo experience: _____

5. Have you had any moving violations or accidents in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide full details including date and type of violation (attach MVR or separate sheet if necessary):

_____

SECTION III –DRIVER EMPLOYMENT HISTORY

List in order of most recent employer:

Employer #1: _____ Phone #_____

1. Physical Address**:** _____ Website: _____

2. States Operated: _____ Number of Years Employed: _____ Dates of Employment: _____

3. Indicate if you were a ☐ Full Time or ☐ Part Time Driver

4. Indicate types of vehicles driven: ☐ Bus (seating capacity_____) ☐ Van (seating capacity _____)

☐ Dump Truck ☐ Wrecker/Tow Truck ☐ Waste Truck ☐ Straight/Box Truck ☐ Tractor/Semi Trailer ☐ Flat Bed Truck

☐ Other: _____

5. Indicate GVW for Truck types selected in #4 above: ☐ Light ☐ Medium ☐ Heavy Truck or Tractor ☐ Extra Heavy Truck or Tractor

Employer #2: _____ Phone #_____

1. Physical Address**:** _____ Website: _____

2. States Operated: _____ Number of Years Employed: _____ Dates of Employment: _____

3. Indicate if you were a ☐ Full Time or ☐ Part Time Driver

4. Indicate types of vehicles driven: ☐ Bus (seating capacity_____) ☐ Van (seating capacity _____)

☐ Dump Truck ☐ Wrecker/Tow Truck ☐ Waste Truck ☐ Straight/Box Truck ☐ Tractor/Semi Trailer ☐ Flat Bed Truck

☐ Other: _____

5. Indicate GVW for Truck types selected in #4 above: ☐ Light ☐ Medium ☐ Heavy Truck or Tractor ☐ Extra Heavy Truck or Tractor

SECTION IV-DRIVER SIGNATURE SECTION

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

_____ _____

Driver Signature Date Witness Date