



TRUCK APPLICATION
1-10 Power Units

Entire Application Must Be Completed and Signed

Submission Number: Proposed Effective Dates: FROM: TO:

GENERAL INFORMATION

Individual Corporation Partnership LLC Other:

Name

Mailing Address

City State ZIP Code Business Phone

E-Mail Address

Garaging Address (if different)

City State ZIP Code

Tax ID: Federal ID # or SS # U.S. DOT # Yrs. Applicant has been Operating Under Business Name

Loss Control Services Contact Person Name Contact's Phone

Loss Control E-Mail Address

OWNER/PRINCIPAL

Owner Name (First, Middle, Last)

SS # of Owner Home Address Apt. #

City State ZIP Code Business Phone

DESCRIPTION OF OPERATIONS

Type of Operation For Hire Private Non-Trucking Other:

Commodity (Check any that apply)

Hazardous Materials requiring \$1,000,000 Liability limits or less Refuse/Waste/Garbage
Hazardous Materials requiring Liability limits higher than \$1,000,000.

Explain:

Table with 6 columns: Commodity, % of Loads, Max. Value, Commodity, % of Loads, Max. Value

Range of Transport

Interstate Intrastate

Operations Less than 300 Mile Radius - List City Destinations Below

Table for listing city destinations within 300 miles.

Operations Beyond 300 Mile Radius - Identify Metropolitan Areas Traveled Through or Into

- List of metropolitan areas with checkboxes: Atlanta, Cleveland, Jacksonville, Milwaukee, Orlando, Salt Lake City, etc.

Cities other than above or regular routes:

Percent of Loads: 0 - 100 Miles 101 - 300 Miles 301 Miles +

Longest Trip One Way: Miles

Yes No

- 1. Are filings required? If yes, complete **Filing Information** form. MC # _____
- 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?
If yes, provide Brokerage Name: _____
MC # _____ Annual Brokerage Revenue _____
- 3. Is all equipment operated under the applicant's authority scheduled on the application?
If no, attach explanation.
- 4. Is all owned equipment scheduled on this application? If no, attach explanation.
- 5. Do you lease your vehicles to others?
If yes, who must provide primary liability coverage? You Lessee
- 6. Do you hire other motor carriers or owner-operators to haul for you?

If yes, complete questions below, complete Hired Autos Application Supplement and attach copy of lease agreement. If no, skip to question #7.

A. On what basis are they leased?	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/Trip Basis
B. Provide annual cost of hire or # of trips		
C. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are leased vehicles included in this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of Liability required	\$ _____	\$ _____
c. Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 7. Do you pull doubles? Yes No Triples? Yes No
- 8. Do you haul intermodal containers?
- 9. Is any portion of your operation seasonal? If yes, explain. _____
- 10. Do you use any team, hot seat, slip seating or relay driver operations?
- 11. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
- 12. Do you operate more than one terminal? If yes, provide the following:

Location(s)	# Units	Address, City, State

Yes No

- 13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If yes, attach a copy of the contract.
- 14. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete Mobile Equipment Supplement.
- 15. Do you require use of escort vehicles?
If yes, and escort vehicles are **not included** in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.
If yes and the escort vehicles are **included** in this application, drivers of escort vehicles should be listed in the Driver information section.
- 16. Do you haul over size, over weight loads? If yes, attach explanation.

Use N-3077 if additional space is needed for Driver Information, Insurance History, Schedule of Autos or Additional Interests.

DRIVER INFORMATION

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	Past 3 Years # Violations/ Convictions # Accidents			
Minor	Major	#							

DRIVER LOSS HISTORY

Driver Name (Last, First, Middle)	Date of Accident	Amount of Accident	Description

DRIVER EMPLOYMENT HISTORY

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

DRIVER HIRING, TRAINING AND SAFETY

- Which of the following is part of your driver screening/hiring process:
 - Employment background check
 - Pre-employment drug test
 - Criminal background check
 - Road test
 - Motor vehicle record (MVR) review
 - Pre-employment Screening Program (PSP) Report from FMCSA
- Which of the following is part of your driver performance management process:
 - Annual review of driver's driving record (MVR)
 - Review of electronic engine data
 - Periodic review of driver and vehicle out-of service violations (SafeStat/CSA2010 Reports)
 - Incentives for violation-free and accident-free driving
 - Periodic review of accidents/incidents
 - Formal corrective action procedures
 - Driver safety training
- Do you adhere to a written vehicle inspection and maintenance program? Yes No
 If yes, describe or attach program: _____

REVENUE AND MILEAGE

	Units	Revenue Per Unit	Mileage Per Unit	Total Revenue	Total Mileage
Past 12 Months					
Next 12 Months					

INSURANCE HISTORY AND LOSS EXPERIENCE

- Has an insurance company cancelled or non renewed your policy in the last 3 years?
(Missouri Applicants - Do not answer this question.)
 Yes No If yes, explain: _____
- Prior years insurance under business name: Primary Auto Liability: _____ Non-Trucking Auto Liability: _____
 Physical Damage: _____ Cargo: _____
- Have you ever had truck insurance under a different entity name? Yes No
 If yes, Entity Name: _____
- Provide 3 years Prior Carrier Information. *Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab.

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses	Loss Amount	Driver Involved in Loss

SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 10 power units, form N-2379, Fleet Application, must be completed.

To ensure Electronics (as defined by the policy), along with tarps, chains or binders are covered, include the value in each auto's stated value.

FINANCED VALUE COVERAGE - The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		

***Vehicle Type Legend**

CCT - Car Carrier Trailer	FLT - Flat Bed	PUP - Pup Trailer	TAP - Tanker Pneumatic/Dry Bulk
CON - Container (Intermodal)	HOP - Hopper/Grain	SEM - Semi Trailer	TAO - Tanker-Other
CUS - Curtain Side	LWF - Live/Walking/Floor	TAN - Tandem	NOC - Trailers Not Otherwise Classified
DOL - Dolly, Con Gear	LIV - Livestock	TAT - Tank Trailer	TRC - Tractors
DRP - Drop Deck, Gooseneck	LOG - Log	TAA - Tanker Asphalt/Hot Oil	TRK - Trucks
DPS - Dump Side	LOW - Lowboy	TAC - Tanker Chemical/Acid	VAD - Van Trailer (Dry)
DPB - Dump Trailer (Bottom)	MEQ - Mobile Equipment	TAG - Tanker Gasoline/Fuel	REF - Van Trailer (Temp Control)
DPE - Dump Trailer (End)	PUL - Pull Trailer	TAL - Tanker LPG	

ADDITIONAL INTERESTS

AI Type* AI - Additional Insured LP - Loss Payee LE - Employee as Lessor AL - Lessor-Additional Insured and Loss Payee

Unit #	AI Type*	Name	Address	City	State	ZIP Code

COVERAGES

AUTO LIABILITY Limits: \$ _____ CSL

LIABILITY FOR NON-TRUCKING USE Limits: \$ _____ CSL

Leased to: _____

If Reporting Basis: Revenue Mileage Units

EMPLOYERS NONOWNERSHIP LIABILITY Number of Employees _____

HIRED AUTO LIABILITY Cost of Hire _____

MEDICAL PAYMENTS Limits _____

DEDUCTIBLE REIMBURSEMENT *Complete and Attach Supplement*

TRAILER INTERCHANGE *Provide a Copy of Agreement*

of Power Units Under Agreement: _____ Maximum Trailer Value: _____

Trailer Days per Power Unit: _____

PHYSICAL DAMAGE DEDUCTIBLES

Comprehensive \$ _____ OR Specified Causes of Loss \$ _____

Collision \$ _____

<p>COMBINED DEDUCTIBLE Coverage included unless declined.</p> <p><input type="checkbox"/> Decline Combined Deductible</p>	<p>RENTAL REIMBURSEMENT <input type="checkbox"/> Selected Units OR <input type="checkbox"/> All Units Amount Per Day: _____</p> <p>Days of Coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120</p>	<p><input type="checkbox"/> CARGO Hired Auto Cargo coverage included unless declined. Limit _____ Deductible _____</p> <p><input type="checkbox"/> Decline Hired Auto Cargo</p>
<p><input type="checkbox"/> DELUXE COVERAGE ENDORSEMENT</p>	<p><input type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE <i>Complete and Attach Supplement</i></p>	

UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS

UNINSURED MOTORIST _____

UNDERINSURED MOTORIST _____

PERSONAL INJURY PROTECTION _____

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorists/Underinsured Motorists and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

Iowa, Illinois, New Mexico, Oregon, Washington and Wisconsin: The signing of this application does not bind the company to offer, nor the applicant to purchase, the insurance. It is agreed that this application, including any material submitted in conjunction with the application or any renewal, shall be the basis of the insurance and shall be considered physically attached to and part of the policy issued. The company will have relied upon this application, including any material submitted therewith, in issuing the policy.

FRAUD STATEMENTS

ARKANSAS, LOUISIANA, NEW MEXICO AND VERMONT: 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.

MAINE, TENNESSEE, AND WASHINGTON: 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, and denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

OKLAHOMA: 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.

OREGON: Any person who knowingly and with INTENT TO DEFRAUD or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law.

UTAH: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

SIGNATURES

I authorize Northland Insurance Companies to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

Disclosure: In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. The credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

I authorize Northland Insurance Companies to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Northland Insurance Companies.

I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

State Notices:

Montana: A single loss is among the insurance company's criteria for nonrenewal.

South Carolina: The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE

PHONE #

FAX #