



**COMMERCIAL AUTO FLEET  
INSURANCE APPLICATION**  
*Entire application must be completed and signed.*

<b>GENERAL INFORMATION</b>		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Name		Yrs. in Trucking Industry		Yrs. Operating in Your Name	
Mailing Address		Federal ID # or SSN		U.S. DOT Number	
City	State	Zip	Date Coverage Desired: FROM TO		
Garaging Location(s) if different:		City	State	ZIP	Phone ( )

**DESCRIPTION OF OPERATIONS:**  For Hire  Private  Non-Trucking  Other (explain)

<b>Range of Transport</b>	<b>Commodity</b>
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Hazardous Substances requiring \$1,000,000 liability limits or less <input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation) <input type="checkbox"/> Refuse/Waste/Garbage

**OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations:**

**OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through Or Into**

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego
<input type="checkbox"/> Balt-Washington	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Seattle
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Portland	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City	<input type="checkbox"/> Richmond	<input type="checkbox"/> Eastern Zone
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> St. Louis	<input type="checkbox"/> Gulf Zone
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> Southeast Zone

Other than above \_\_\_\_\_

COMMODITIES TRANSPORTED					
Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Are filings required? If yes, complete form N-710, Filing Information.	Docket #: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? If yes, provide Brokerage Name: _____ Annual Brokerage Revenue: \$ _____	Docket #: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Are all owned trailers equipped with reflective tape? If no, attach a list of those trailers which are not.	
<input type="checkbox"/>	<input type="checkbox"/>	4. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Is all owned equipment scheduled on this application? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	6. Is all of the scheduled equipment owned by you? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you lease or hire equipment from others? If yes, is it: <input type="checkbox"/> Permanently Leased <input type="checkbox"/> Trip Leased a. If permanently leased, is it scheduled on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If permanently leased, are autos hired with drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete form T-376. c. If trip leased, provide the annual estimated cost of hire: \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you lease to others? If yes, who must provide primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other If you provide insurance, is coverage desired for: <input type="checkbox"/> Named Lessee(s) OR <input type="checkbox"/> All Lessees (Blanket Basis) If Named Lessee(s), attach a list of Name and Address for each lessee.	
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you pull doubles? Triples? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**LIENHOLDER INFORMATION** Attach All Lienholder Information For Each Power Unit.

**LEASED OR HIRED** Attach Samples of Agreements.

Does Applicant/Insured do trip leasing to the extent that it comprises more than 5% of his gross receipts?  Yes  No  
If yes, explain operation in detail: \_\_\_\_\_

Is equipment leased or hired?  Yes  No Attach explanation and examples of agreements.

	With Driver	Without Driver	Avg. Duration of a Trip Lease	Avg. # of Trip Lease Per Year	Est. Trip Lease Payments Per Year	Ins. Provided By:		With Hold Harmless Naming Other Part As Additional Insured?
						Lessor	Lessee	
From Others								<input type="checkbox"/> Yes <input type="checkbox"/> No
To Others								<input type="checkbox"/> Yes <input type="checkbox"/> No

Under whose Bill of Lading is shipment moved when leased to others?  
From Others? \_\_\_\_\_

What % of DEADHEADING? \_\_\_\_\_ Total miles deadheading \_\_\_\_\_

Do they backhaul?  Yes  No What do they backhaul? \_\_\_\_\_

What are restrictions on backhauling? \_\_\_\_\_

**SCHEDULE OF EQUIPMENT OPERATED** Provide a schedule of equipment to include "Make," Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation.

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

**UNITS REVENUE AND MILEAGE** Actual and Estimated.

	Period	Units	Revenue	Mileage
Projected				
Current				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				
3 <sup>rd</sup> Prior				

**SUMMARY OF EQUIPMENT VALUES**

Total Fleet Value	No. of Units	Average Value	
Total Tractor Value	No. of Units	Average Value	
Total Trailer Value	No. of Units	Average Value	
Highest Tractor Value	Highest Trailer Value	Lowest Tractor Value	Lowest Trailer Value

**INSURANCE HISTORY & LOSS EXPERIENCE** Provide the following insurance and loss information for the past three years.

HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?  
(Missouri Applicants: DO NOT answer this question.)  Yes  No If yes, explain. \_\_\_\_\_

POLICY HISTORY				LOSS HISTORY			
Policy Term FROM Mo/Yr	TO Mo/Yr	Insurance Co.	Policy Number (if available)	Liability #	Phys. Dam. #	Cargo #	Driver(s) Involved in Loss
				Loss Amt.	Loss Amt.	Loss Amt.	

**EXPERIENCE INFORMATION:** Furnish currently valued (must be value dated within the last 4 months) insurance Company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least two (2) full policy years. Describe any claim with payment or reserves over \$25,000.

<b>DRIVER, SAFETY AND MAINTENANCE</b>		Name, title, phone number of person responsible for safety (specify other duties):	
<b>A</b>	Are hazardous materials/wastes transported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, attach explanation.)
<b>B</b>	Is this a seasonal operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C</b>	Truck Fleet - No. of drivers:	Regularly Employed _____ Leased _____	Part Time _____ Casual _____
			Owner/Operator _____ TOTAL _____
<b>D</b>	Drivers Hired or Leased Last Year	Company Drivers	Leased Owners/Operators
	1. Number replaced _____	_____	_____
	2. Number increased _____	_____	_____
<b>E</b>	Age of Drivers:	Min. _____ Max. _____	Min. _____ Max. _____
	1. Number under 25 _____	_____	_____
	2. Number over 65 _____	_____	_____
<b>F</b>	Provide a list of drivers that includes the Driver's Name, DOB, License Number, Social Security Number, Date of Hire, and Years of Driving Experience.		
<b>G</b>	Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>H</b>	What is the longest trip? _____		
	1. Time: _____ hours	Distance: _____	
	2. Is this one way or turnaround? _____		

**SAFETY MEASURES**

	Yes	No
1. Are you operating your trucks with speed governors? If yes, what speed are they set at? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are electronic log programs used to audit driver log books?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your trucks equipped with fender mirrors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your safety program include safe driving incentive awards?	<input type="checkbox"/>	<input type="checkbox"/>

**CURRENT CARRIER**

Current Carrier Name _____	Policy Dates: _____ To _____
Policy Number _____	Gross Receipts Rate/Premium of Prior Carrier _____
Policy Limits _____	PD _____
Policy Deductibles: BI _____	Limits _____
Renewal Rate Offered _____	
Name of Carrier Offering _____	

**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.

**COVERAGES**

<input type="checkbox"/> AUTO LIABILITY	<input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____)
<input type="checkbox"/> LIABILITY FOR NONTRUCKING USE Leased to: _____	
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL	<input type="checkbox"/> Deductible \$ _____
<input type="checkbox"/> Split Limits BI \$ _____ per person \$ _____ per accident	PD \$ _____ each accident
<input type="checkbox"/> HIRED AUTO LIABILITY	
DEDUCTIBLE REIMBURSEMENT LIMIT _____	<input type="checkbox"/> TRAILER INTERCHANGE (provide a copy of agreement) Maximum trailer value _____ # trailer days _____
<input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage <input type="checkbox"/> Cargo	
PHYSICAL DAMAGE Deductibles:	<input type="checkbox"/> CARGO Limit \$ _____
<input type="checkbox"/> Comprehensive OR \$ _____	COMBINED DEDUCTIBLE Coverage included unless _____
<input type="checkbox"/> Specified Perils \$ _____	declined. <input type="checkbox"/> Decline
<input type="checkbox"/> Collision \$ _____	<input type="checkbox"/> Decline Hired Auto
<input type="checkbox"/> UNINSURED MOTORISTS Limits \$ _____	MEDICAL PAYMENTS Limits \$ _____
<input type="checkbox"/> UNDERINSURED MOTORISTS Limits \$ _____	PERSONAL INJURY PROTECTION Limits \$ _____
RENTAL REIMBURSEMENT <input type="checkbox"/> Selected Units <input type="checkbox"/> All Units Amt. Per Day \$ _____ Days of Coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120	

Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, No-Fault, and Medical Payments Insurance (as required by state law) must be completed and submitted together with this application for insurance coverage.

**NORTHLAND'S FLEET SERVICES SUMMARY:**

- ✓ Northland's Loss Control staff can tailor loss control *consultative services* to meet your specific needs.
- ✓ Northland will provide you, as an insured, with *reflective striping for your trailers* at no cost to you.
- ✓ Our Loss Control staff is available to our insureds to provide a *D.O.T. audit compliance review* so that insureds will be prepared for a D.O.T. compliance audit before it happens.
- ✓ Northland insureds can take advantage of our *Safe Driver Awards Program*.
- ✓ Our Loss Control Staff will help our insureds conduct *effective safety meetings*.
- ✓ Seminars are available to Northland insureds to help with *continuing education* of your drivers and other staff members.
- ✓ Each member of Northland's Claim staff is a *specialist* in the area of commercial auto.
- ✓ Our *"800" number* is attended by a specialist *seven days a week, 24 hours a day, 365 days a year*.
- ✓ Northland can also provide *other product lines of coverage* such as General Liability, Property Coverage, or higher limits if necessary. Please talk to your agent for additional coverage needs.

**In order to furnish a quote, the following information is necessary:**

- a. Complete driver list, both company and owner operator, showing full name, date of birth, drivers license number, social security number, date of hire and **most recent MVRs**.
- b. Complete list of all equipment including complete serial number and gross vehicle weight, including owned or leased and owner operated.
- c. Provide a description of all safety activities and incentives. Include Passenger Policy, if applicable.
- d. Pro-rata (Schedule B) Mileage Sheet.
- e. Copy of Insured's authority.
- f. Current Annual Financial Statement including both profit and loss statements.

**SIGNATURES**

This is a  New  Renewal in our agency.

I authorize Northland Insurance Companies to obtain a copy of my 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.

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. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. 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.

Name, Title, and Address of individual purchasing this insurance:

MR.  MRS.  MS.

Name

Title

Address

City/State/Zip

APPLICANT'S SIGNATURE AND TITLE

DATE

PRODUCER'S NAME, ADDRESS & PHONE #

PRODUCER'S SIGNATURE

DATE