



TRUCK - APPLICATION

Entire application must be completed and signed

If Fax, # of Pages _____

GENERAL INFORMATION Individual Corporation Partnership Other _____

Name _____ Federal ID # or SSN _____ U.S. DOT Number _____

Mailing Address _____ Yrs. In Trucking Industry _____ Yrs. Operating In Your Name _____

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) _____

Range of Transport **Commodity (check all that apply)**

Interstate Property (nonhazardous) Refuse/Waste/Garbage

Intrastate Hazardous Substances requiring \$1,000,000 liability limits or less

Hazardous Substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)

ROUTES - AREAS 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

None of the above apply. Please list the three largest cities entered in your operation: _____

COMMODITIES TRANSPORTED

Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

List shipper requirements, if any _____

YES NO 1. Are filings required? If yes, complete form N-1756, Filing Information. Docket #: _____

 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? Docket #: _____

 If yes, provide Brokerage Name: _____

 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. Is all of the scheduled equipment owned by you? If no, attach explanation.

 6. Do you lease or hire equipment from others? If yes, is it: Permanently Leased Trip Leased

 a. If permanently leased, is it scheduled on this application? Yes No

 b. If permanently leased, are autos hired with drivers? Yes No If yes, complete form T-376.

 c. If trip leased, provide the annual estimated cost of hire: \$ _____

 7. Do you lease to others? If yes, who must provide primary insurance? You Other

 If you provide insurance, is coverage desired for: Named Lessee(s) OR All Lessees (Blanket Basis)

 If Named Lessee(s), attach a list of Name and Address for each lessee.

 8. Do you pull doubles? Triples? Yes No

DRIVER INFORMATION Must be completed for all drivers.

Driver	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	Number Violations			# Accid. Last 3 Years
						Past 3 Years # Minor	# Major	Past Yr. # Minor	

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

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	Prior Employment & Full Address	Dates of Employment	Type of Unit

INSURANCE HISTORY & LOSS EXPERIENCE Number of years prior insurance _____

POLICY HISTORY				LOSS HISTORY			
Policy Term FROM Mo/Yr TO Mo/Yr	Insurance Company	Policy Number (if available)	# Units Insured	Any losses over the policy term?	#	Amount	Driver(s) Involved in Loss
				<input type="checkbox"/> No <input type="checkbox"/> Yes, then			
				<input type="checkbox"/> No <input type="checkbox"/> Yes, then			
				<input type="checkbox"/> No <input type="checkbox"/> Yes, then			

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.

SCHEDULE OF AUTOS TO BE INSURED 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.

No.	Model Year	Trade Name	Type	Striped Trlr (Y/N)	VIN	GVW/GCW	Stated Value	Max. Radius	Owner's Name
1									
2									
3									
4									
5									

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.

LIENHOLDER INFORMATION

Auto #	Name	Street Address	City	State	ZIP Code

COVERAGES

AUTO LIABILITY HIRED AUTO: Liability EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____)
 Physical Damage TRAILER INTERCHANGE (include copy of agreement)
 Maximum Value _____ Maximum Trailer Value _____
 Number of Days _____ Number of Trailer Days _____

LIABILITY FOR NONTRUCKING USE Leased to: _____
 Limits: Combined Single Limit (BVPD) \$ _____ CSL
 Split Limits BI \$ _____ per person \$ _____ per accident PD \$ _____ each accident

PHYSICAL DAMAGE Deductibles: **CARGO** **COMBINED DEDUCTIBLE** **RENTAL REIMBURSEMENT**
 Comprehensive OR \$ _____ Limit \$ _____ Coverage included unless Amt. Per Day \$ _____
 Specified Perils \$ _____ Deductible \$ _____ declined. Days of Coverage: 30
 Collision \$ _____ Decline 120

UNINSURED MOTORISTS Limits \$ _____ **MEDICAL PAYMENTS** Limits \$ _____
 UNDERINSURED MOTORISTS Limits \$ _____ **PERSONAL INJURY PROTECTION** Limits \$ _____
 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.

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.

APPLICANT'S SIGNATURE AND TITLE	DATE	PRODUCER'S SIGNATURE
PRODUCER NAME	PHONE #	FAX