



REQUEST FOR FILING ACTION

FAX (651) 310-4123

NORTHLAND NORTHLAND CASUALTY NORTHFIELD

General Agency		City
Your Name	Filings Contact	Date
Current Policy No.	Previous Policy No. (Renewals Only)	Policy Period FROM TO
<input type="checkbox"/> Make <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input type="checkbox"/> Reinstate <input type="checkbox"/> Refile <input type="checkbox"/> Renew		
Limits of Liability/ Cargo	Effective Date of Filing(s)	Reason for Amend/ Cancel
Named Insured		
Address (Name/ Address should be the same as each individual application.)		
Commodities Hauled		
Social Security/ FEI #	US DOT #	Base State

Please provide state permit/ authority numbers.

<table border="1"> <tr><th>L</th><th>C</th></tr> <tr><td>*</td><td>*</td></tr> </table> <p>AL</p> <table border="1"> <tr><td>█</td><td>█</td></tr> </table> <p>AZ - Not Participating</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>AR - Accord Cert Only</p> <table border="1"> <tr><td>█</td><td>█</td></tr> </table> <p>CA - EX # _____ - Intra CA # _____ Required</p> <table border="1"> <tr><td>*</td><td>*</td></tr> <tr><td>*</td><td>█</td></tr> <tr><td>█</td><td>█</td></tr> </table> <p>CO</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>CT</p> <table border="1"> <tr><td>█</td><td>█</td></tr> </table> <p>GA - MCA # _____</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>ID</p> <table border="1"> <tr><td>█</td><td>*</td></tr> </table> <p>IL - IL MC # _____</p> <table border="1"> <tr><td>*</td><td>█</td></tr> <tr><td>*</td><td>█</td></tr> <tr><td>*</td><td>█</td></tr> </table> <p>IN</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>IA</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>KS - KCC # _____</p> <table border="1"> <tr><td>*</td><td>█</td></tr> <tr><td>*</td><td>█</td></tr> </table> <p>KY</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>LA</p>	L	C	*	*	█	█	*	█	█	█	*	*	*	█	█	█	*	█	█	█	*	█	█	*	*	█	*	█	*	█	*	█	*	█	*	█	*	█	*	█	<table border="1"> <tr><th>L</th><th>C</th></tr> <tr><td>*</td><td>█</td></tr> <tr><td>█</td><td>█</td></tr> </table> <p>ME</p> <table border="1"> <tr><td>█</td><td>█</td></tr> </table> <p>MI</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>MN</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>MS</p> <table border="1"> <tr><td>█</td><td>█</td></tr> </table> <p>MO</p> <table border="1"> <tr><td>*</td><td>█</td></tr> <tr><td>*</td><td>█</td></tr> <tr><td>*</td><td>█</td></tr> <tr><td>*</td><td>█</td></tr> </table> <p>MT</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>NE</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>NV - Not Participating</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>NM - (\$15 fee)</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>NY</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>NC</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>OH</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>OK - OCC # _____</p> <table border="1"> <tr><td>█</td><td>*</td></tr> </table> <p>OR - Not Participating</p>	L	C	*	█	█	█	█	█	*	█	*	█	█	█	*	█	*	█	*	█	*	█	*	█	*	█	*	█	*	█	*	█	*	█	*	█	█	*	<table border="1"> <tr><th>L</th><th>C</th></tr> <tr><td>*</td><td>*</td></tr> </table> <p>PA - Not Participating</p> <table border="1"> <tr><td>*</td><td>*</td></tr> </table> <p>SC</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>SD</p> <table border="1"> <tr><td>*</td><td>*</td></tr> <tr><td>*</td><td>*</td></tr> </table> <p>TN</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>TX - \$100 fee - TX DOT # _____ Required</p> <table border="1"> <tr><td>*</td><td>*</td></tr> <tr><td>*</td><td>█</td></tr> <tr><td>*</td><td>█</td></tr> <tr><td>*</td><td>█</td></tr> </table> <p>VA</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>WA</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>WV</p> <table border="1"> <tr><td>*</td><td>█</td></tr> </table> <p>WI</p> <table border="1"> <tr><td>*</td><td>*</td></tr> </table> <p>WY</p> <table border="1"> <tr><td>█</td><td>█</td></tr> </table> <p>FMCSA - MC _____</p> <p>█ Not Required * Intrastate Only</p> <p>L = Liability C = Cargo</p>	L	C	*	*	*	*	*	█	*	*	*	*	*	█	*	*	*	█	*	█	*	█	*	█	*	█	*	█	*	*	█	█
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Single State registered carriers holding active exempt authority in MO and WI require a Form E.

Carriers with no FMCSA authority must have Form E filings if they hold active exempt authority in: AL, CA, CO, CT, GA, IL, IA, KS, KY, LA, ME, MI, MN, MO, NE, NC, OH, OK, OR, SC, SD, TN, TX, WA, WI.

Oversize/ Overweight Liability (Phone # and FID or SSN required for Ohio)

Canadian Province(s)