



NATIONAL TRUCK UNDERWRITING MANAGERS, INC.  
5001 American Blvd. West, Suite 801  
Bloomington, MN 55437-1160

# Non-Fleet Application

Entire application must be completed, signed and dated by applicant and agent.  
Please fax completed form to appropriate office below:

AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE/FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**MINNESOTA (MAIN OFFICE)**  
(800) 831-NTUM (6886)  
Fax (952) 893-1882

**IDAHO**  
(800) 306-5651  
Fax (208) 461-9639

**IOWA**  
(888) 577-NTUM (6886)  
Fax (515) 225-4891

**TENNESSEE**  
(888) 800-0378  
Fax (901) 375-4132

**WASHINGTON**  
(800) 561-2193  
Fax (425) 603-9142

**WISCONSIN**  
(866) 376-NTUM (6886)  
Fax (414) 762-3992

Do you want NTUM to handle Premium Financing?  Yes  No Amount to use for Finance Down Payment: \$ \_\_\_\_\_ Down Payment amount received: \$ \_\_\_\_\_

**GENERAL INFORMATION**  Individual  Corporation  Partnership  Other \_\_\_\_\_

Name \_\_\_\_\_ Federal ID# or SSN \_\_\_\_\_ U.S. DOT # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Yrs. in trucking industry \_\_\_\_\_ Yrs. ownership \_\_\_\_\_ 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**  Interstate  Intrastate  
**Commodity (check all that apply)**  
 Property (non-hazardous)  Hazardous substance requiring \$1,000,000 liability limits or less  
 Refuse/Waste/Garbage  Hazardous substance liability limits in excess of \$1,000,000 (if checked, attach explanation)

**RADIUS OF OPERATION:** \_\_\_\_\_ % 0-299 Miles \_\_\_\_\_ % 300-599 Miles \_\_\_\_\_ % 600 + Miles

Please check cities traveled through or into:  Other cities not listed below: \_\_\_\_\_  
 Atlanta  Cleveland  Jacksonville  Milwaukee  Philadelphia  San Diego  
 Baltimore/Washington  Dallas/Ft. Worth  Kansas City  Mpls./St. Paul  Phoenix  San Francisco  
 Boston  Denver  Little Rock  Nashville  Pittsburgh  Seattle  
 Buffalo  Detroit  Los Angeles  New Orleans  Portland  Tulsa  
 Charlotte  Hartford  Louisville  New York City  Richmond  Eastern Zone  
 Chicago  Houston  Memphis  Oklahoma City  St. Louis  Gulf Zone  
 Cincinnati  Indianapolis  Miami  Omaha  Salt Lake City  Southeast Zone

COMMODITIES TRANSPORTED							
Commodity	Percent of Loads	Average Value	Max. Value	Commodity	Percent of Loads	Average Value	Max. Value
1.	%			3.	%		
2.	%			4.	%		

List shipper requirements (if any): \_\_\_\_\_

- If any answers on 2-9 are YES, please explain on attached sheet; If any answers on 14-21 are NO, please explain on attached sheet.
- Are filings required? If yes, complete page 4 ("NTUM APP 2002-4")  Yes  No
  - Any claims over \$10,000 in the last 3 years?  Yes  No
  - Has your insurance been cancelled or non-renewed in the last 3 yrs?  Yes  No  
**MISSOURI APPLICANTS: DO NOT ANSWER THIS QUESTION**
  - Do you ever haul noxious, caustic, toxic, flammable or explosive commodities?  Yes  No
  - Do you ever haul a commodity to a hazardous waste storage or treatment facility?  Yes  No
  - Do you use any team, hot seat, slip seat, or relay driver operations?  Yes  No  
If yes, how many units are used in the operations? \_\_\_\_\_
  - Any interline, intermodal or interchange arrangements?  Yes  No
  - Do you act as a freight-broker or freight-forwarder or arrange loads for others?  Yes  No  
If yes, Brokerage Name: \_\_\_\_\_ Docket # \_\_\_\_\_  
Annual Brokerage Revenue \$ \_\_\_\_\_
  - Have you ever filed for Bankruptcy or Chapter 11 in the last 3 years?  Yes  No
  - Have you ever had truck insurance under a different entity name?  Yes  No  
If yes, entity name: \_\_\_\_\_
  - Do you allow passengers other than company employees?  Yes  No  
If yes, describe who, relationship and how often: \_\_\_\_\_  
If no, has the "no passenger" rule been provided to all employees in writing?  Yes  No
  - Do you check driving records of all drivers prior to hiring?  Yes  No
  - What are driver hiring practices? Minimum Age \_\_\_\_\_ Maximum Age \_\_\_\_\_
  - Do you agree to promptly report all driver changes to your agent and report all claims to the Company Claims Department?  Yes  No
  - Do all your drivers meet all DOT requirements and do you maintain driver files as required by DOT?  Yes  No
  - Do you have Workers Compensation?  Yes  No  
If yes, Insurer \_\_\_\_\_ Policy # \_\_\_\_\_ Eff. Date \_\_\_\_\_
  - Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.  Yes  No
  - Is all owned equipment scheduled on this application? If no, attach explanation.  Yes  No
  - Is all of the scheduled equipment owned by you?  Yes  No  
If no, attach explanation.
  - Do you subhaul, lease or hire equipment from others?  Yes  No  
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  
c. If permanently leased, do you require non-trucking coverage?  Yes  No  
d. If trip leased, provide the annual estimated cost of hire:  
Current year \$ \_\_\_\_\_ Prior year \$ \_\_\_\_\_
  - Do you lease to others?  Yes  No  
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.



**APPLICANT PRIOR CARRIER & LOSS INFORMATION—Attach loss runs**

**LIABILITY INFORMATION—CURRENT YEAR AND PREVIOUS 2 YEARS MUST BE SHOWN**

Policy Dates	Company Name or Previous Lessee Name	Policy Number	Premium Amount	# Of Claims	Total Paid & Reserved

**PHYSICAL DAMAGE INFORMATION—CURRENT YEAR AND PREVIOUS 2 YEARS MUST BE SHOWN**

Policy Dates	Company Name or Previous Lessee Name	Policy Number	Premium Amount	# Of Claims	Total Paid & Reserved

**CARGO INFORMATION—CURRENT YEAR AND PREVIOUS 2 YEARS MUST BE SHOWN**

Policy Dates	Company Name or Previous Lessee Name	Policy Number	Premium Amount	# Of Claims	Total Paid & Reserved

Describe any claims on a separate sheet

**COVERAGE**

**Auto Liability**     **Liability for Non-Trucking Use**    Leased to: \_\_\_\_\_  
 Limits: Combined Single Unit (BI/PD) \$ \_\_\_\_\_    CSL \_\_\_\_\_     **Hired Auto Physical Damage:**    Maximum Value \_\_\_\_\_  
 **Hired Auto Liability**    Cost of Hire \_\_\_\_\_    Cost of Hire \_\_\_\_\_  
 **Employers Non-ownership**    # of employees \_\_\_\_\_    Estimated # of days vehicles hired in 12 months \_\_\_\_\_  
 **Uninsured Motorist (UM)**    Limit \_\_\_\_\_     **Medical Payments**    Limit \_\_\_\_\_  
 **Underinsured Motorists (UIM)**    Limit \_\_\_\_\_     **Personal Injury Protection (PIP)**    Limit \_\_\_\_\_  
*Selection/rejection form(s) for UM, UIM, PIP and Med. Pay. must be completed and submitted along with this application*

**Combined Deductible**     Yes     No     **Trailer Interchange** (include copy of agreement)    Maximum trailer value \_\_\_\_\_  
 Number of trailers \_\_\_\_\_    Number of trailer days \_\_\_\_\_

<b>Physical Damage</b> Comprehensive OR \$ _____ Specified Perils \$ _____ Collision \$ _____	<b>Deductibles</b> Comprehensive OR \$ _____ Specified Perils \$ _____ Collision \$ _____	<input type="checkbox"/> <b>Cargo</b> Limit \$ _____ Deductible \$ _____ <input type="checkbox"/> <i>Include Hired Auto Cargo</i>	<b>Refrigeration Malfunction**</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rental Reimbursement</b> <input type="checkbox"/> Selected Units* <input type="checkbox"/> All Units Amount Per Day \$ _____ Days of coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120
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\*List selected units here:

Are all vehicles equipped with Theft Alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are vehicles left unlocked when unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all vehicles equipped with Fire Extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Named Insured transport own goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Overages, Shortages or Damage Claims Pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	** Temperature controlled units must be inspected at least monthly and inspection records must be maintained and retained for at least one year.	
Are any vehicles left loaded overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>General Liability</b> General Aggregate \$ _____ Products-Completed _____ Operations Aggregate \$ _____ Personal & Advertising Injury** \$ _____	Each Occurrence** \$ _____ Fire Damage (any one fire) \$ <b>50,000</b> Medical Expense (any one person) \$ <b>5,000</b> ** These limits should be the same as the Auto Combined Single Limit or the Auto Per Accident Limit
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**EQUIPMENT—SHOW NUMBER OF UNITS BELOW**

	Owned	Leased		Owned	Leased	Is Special Equipment Mounted or Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____
Tractors			Tank Trailers			
Trucks			Refrig. Trailers			
Semi-Trailers			Service Trucks			
Full Trailers			Other			
Do you pull:	Double Trailers? <input type="checkbox"/> Yes <input type="checkbox"/> No    _____ #		Triple Trailers? <input type="checkbox"/> Yes <input type="checkbox"/> No    _____ #			



NATIONAL TRUCK  
UNDERWRITING  
MANAGERS, INC.

NAMED INSURED: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

Body Type: **Tractors**  
C = Conventional  
COE = Cabover  
T = Trucks

Trailer Type: F = Flatbed ED = End Dump D = Dolly  
V = Dry Van OD = Other Dump L = Low Bed  
R = Reefer T = Tankers OT = Open Top Van

**SCHEDULE OF AUTOS TO BE INSURED** ALL UNITS YOU OWN OR THAT ARE LEASED TO YOU MUST BE SCHEDULED AND INSURED IF FILINGS ARE TO BE MADE

No.	Model year	Trade name	Trailer Type	VIN	GVW/GCW	Stated value	Max. radius	Owner's name
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

**LIENHOLDER/ADDITIONAL INSURED INFORMATION**

Auto#	LH	AI	Name	Street address	City	State	Zip code
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

**DRIVER INFORMATION**

Must be completed for all drivers \*Use a separate page for additional drivers, if necessary

Driver	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	NUMBER VIOLATIONS			# Accidents Last 3 Years
						Past 3 Years # Minor	Past 3 Years # Major	Past Year # Minor	
1.									
2.									
3.									
4.									

**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. Do not indicate "self employed" unless you have had insurance in your name.

Driver	Prior Employment & Full Address	Dates of Employment	Type of Unit
1.			
2.			
3.			
4.			

**SIGNATURES**

This is a:  New  Renewal in our agency

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 and 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 & TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
PRINT PRODUCER NAME

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX



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5001 American Blvd. West, Suite 801 Bloomington, MN 55437-1160

**REQUEST FOR FHWA/PUC  
FILING ACTION**  
(NTUM APP 2002-4)

General agency		City
Your name	Filings contact	Date
Current policy #	Previous policy # <small>(renewals only)</small>	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
Name insured		
Address (Name/address should be the same as each individual application)		
Commodities hauled		Base state

Please provide state permit/authority numbers

L	C
*	*
*	
*	

AL  
AZ - Not participating  
AR - Accord Cert Only  
CA - EX # \_\_\_\_\_  
- Intra State CA # Req'd \_\_\_\_\_

L	C
*	
*	
*	*
*	

ME  
MI  
MN  
MS  
MO  
MT  
NE  
NV - Not participating  
NM - (\$15 fee)

L	C
*	*
*	*
*	
*	*
*	

PA - Not participating  
SC  
SD  
TN  
TX - \$100 fee  
- TX DOT # req'd \_\_\_\_\_

L	C
*	*
*	
*	
	*

CO  
CT  
GA - MCA # \_\_\_\_\_  
ID  
IL - IL MC # \_\_\_\_\_

L	C
*	
*	
*	
*	

VA  
WA  
WV  
WI  
WY  
FHWA - MC \_\_\_\_\_

L	C
*	
*	
	*
*	
*	

IN  
IA  
KS - KCC # Req'd \_\_\_\_\_  
KY  
LA

L	C
*	
*	
*	
*	*
	*

NY  
NC  
OH  
OK - OCC # \_\_\_\_\_  
OR - Not participating

**■** Not required  
**\*** Intrastate Only

L = Liability  
C = Cargo

A Form E is required for Single State registered carriers hauling exempt commodities in: KS, MI, MO, WI.

Carriers with no FHWA authority must have Form E filings if they hold 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)

Send Filings/Copies to