



NATIONAL TRUCK
UNDERWRITING
MANAGERS, INC.

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

COMMERCIAL AUTO FLEET INSURANCE APPLICATION (11 OR MORE POWER UNITS)

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

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

1. A complete fleet application.
2. Current (within 90 days) insurance company-produced loss runs for current and at least 3 prior years.
3. Complete driver list, both company and owner/operator showing full name, date of birth, driver's license number/state of issue, Social Security number, date of hire and number of years commercial driving experience.
4. Current motor vehicle record for all drivers including owner/operators.
5. Complete list of all equipment including complete serial numbers, gross vehicle weight and current values for all owned or leased equipment and owner/operators.
6. Current Balance Sheet and profit and loss statements.
7. Current mileage prorate (Schedule B/IFTA Report)
8. Copies of current safety manual and incentives.

EFFECTIVE DATE: _____

POLICY NO(S) ASSIGNED: _____

CO(S) ASSIGNED: _____

AGENCY: _____

CITY & STATE: _____

ENTIRE APPLICATION MUST BE COMPLETED, SIGNED & DATED BY APPLICANT AND AGENT

Do you want NTUM to handle Premium Financing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Down Payment amount received: \$ _____
Amount to use for Finance Down Payment: \$ _____	

AGENT INFORMATION		Producer Name	Phone	Fax
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Agency Name/Address _____

Are you the current agent for this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email _____
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GENERAL INFORMATION		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____
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Name of Applicant _____	Contact Person _____	Phone (incl. area code) _____
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Mailing Address _____	City _____	County _____	State _____	Zip _____	Years in Trucking Industry _____	Years Operating in This Name _____
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Garaging location(s) if different _____	Federal ID # or SSN _____	U.S. DOT # _____
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Number of vehicles at each location _____	Date Coverage Desired FROM: _____ TO: _____
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List any Subsidiaries or Affiliated Companies—please explain relationship with applicant _____

DESCRIPTION OF OPERATIONS		<input type="checkbox"/> For Hire	<input type="checkbox"/> Private	<input type="checkbox"/> Non-Trucking	<input type="checkbox"/> Other (explain) _____
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Range of Transport	_____ % miles within 0-299	_____ % miles within 300-599	_____ % over 600 miles	Commodity (check all that apply)
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate				<input type="checkbox"/> Property (non-hazardous) <input type="checkbox"/> Refuse/Waste/Garbage <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)

OPERATIONS BEYOND 300 MILE RADIUS—
Please 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"/> Baltimore/Washington	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Minneapolis/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

Major Shippers	Cargo Hauled	% of Revenue	Origination Point	Destination Point

COMMODITIES TRANSPORTED					
Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value
1.			3.		
2.			4.		



YES NO

1. Are filings required? If yes, complete filing information on page 5. FHWA Docket # MC
2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?
If yes, provide Brokerage Name: _____ FHWA Docket # _____
Annual Brokerage Revenue: _____
3. Do you pay money to Sub haulers? Yes No If yes, please explain:
4. Are all owned trailers equipped with reflective tape? If no, attach a list of those trailers which are not.
5. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
6. Is all owned equipment scheduled on this application? If no, attach explanation.
7. Is all of the scheduled equipment owned by you? If no, attach explanation.
8. Do you lease or hire equipment from others? If yes, is it: Permanently Lease 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: \$ _____
9. Do you lease to others? If yes, who must provide primary insurance? You Other
A) If you provide Insurance, is coverage desired for: Named Lessee(s) OR All Lessees (Blanket Basis)
B) If Named Lessee(s), attach a list of Name and Address for each lessee.
10. Do you haul containerized freight? If yes, percentage: _____ %
11. Do you pull doubles? If yes, percentage: _____ %
12. Do you pull triples? If yes, percentage: _____ %
13. Any oversize/overweight? If yes, % of OS/OW _____ Commodity/Commodities _____

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	Average Duration of a Trip Lease	Average Number of Trip Leases Per Year	Estimated Trip Lease Payments Per Year	Ins. Provided By:		With Hold Harmless Naming Other Part As Add'l 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 are restrictions on backhauling? _____

SCHEDULE OF EQUIPMENT OPERATED

Provide schedule of equipment to include Make, Model, Year, VIN number, GVW, Stated Amount & Radius of Operation

Type	Owned	Leased w/o Drivers	Owner/Operators	Local	Intermediate	Long Haul	Total Units
Private Passngr Vehicles							
Service Trucks							
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Flatbed							
Tank Trailers							
Ref. Trailers							
Dry Van Trailers							

Do they operate any dump trailers? If so, please explain:

Is any special equipment mounted or attached? Yes No If yes, please explain:



UNITS REVENUE & MILEAGE Actual and Estimated

Table with 5 columns: Period, Units, Revenue, Mileage. Rows include Projected, Current, 1st Prior, 2nd Prior, 3rd Prior.

Is revenue for all owned and permanently leased units? Yes No If no, please explain:

What is the average revenue per power unit?

Do the insured operate teams? Yes No If yes, how many teams?

SUMMARY OF EQUIPMENT VALUES

Table with 4 columns: Equipment Type, No. of Units, Average Value. Rows include Total Fleet Value, Total Tractor Value, Total Trailer 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 CANCELLED OR NON-RENEWED YOUR POLICY IN THE LAST 3 YEARS? Yes No If yes, please explain:

Do not complete if the Applicant is based in Missouri

POLICY HISTORY

LOSS HISTORY

Table with 7 columns: POLICY TERM (FROM Mo/Yr, TO Mo/Yr), Insurance Company, Policy Number (if available), Liability (#, Loss Amount), Physical Damage (#, Loss Amount), Cargo (#, Loss Amount), Drivers involved in loss.

EXPERIENCE INFORMATION: Furnish currently valued (must be value dated within the last 3 months) insurance company-produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least three (3) full policy years. Describe any claim with payment or reserves over \$25,000.

DRIVER SAFETY & MAINTENANCE

Name, title and phone number of person responsible for safety (specify other duties also):

YES NO

- 1. Are hazardous materials/wastes transported? (If yes, attach explanation)
2. Is this a seasonal operation?
3. Truck fleet—number of drivers: Regularly employed, Part time, Owner/operators, Leased, Casual, TOTAL
4. Drivers hired or leased last year: Company drivers, Leased owners/operators
A) Number of drivers replaced
B) Number of drivers increased
5. Age of drivers: Minimum Age, Maximum Age
A) Number of drivers under 25
B) Number of drivers over 65
6. Please provide a complete driver list, both company and owner/operator showing full name, date of birth, driver's license number/state of issue, Social Security number, date of hire and number of years commercial driving experience.
7. Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers?
8. What is the longest trip? (Time: Hours) (Distance: Miles) Is this: One-way Turnaround
9. Any current drivers with convictions for DWI, DUI or reckless within last 3 years?
10. Are all drivers covered by Workers Comp Insurance? If yes, name of company
11. Required amount of over the road experience Miles Years
12. Any Interline, Intermodal or Interchange agreements? If yes, please attach a copy of agreement and explain:
13. Have your operations changed in the last 3 years? If yes, please explain:
14. Percentage of night driving: %

CONTINUED ON NEXT PAGE



DRIVER SAFETY & MAINTENANCE (Cont.)

YES NO

- 15. Have you filed for bankruptcy or Chapter 11 reorganization in the last 3 years? If yes, please explain:
- 16. Have you ever operated under any other name? If yes, what name? _____
- 17. Do you check driving records of all drivers prior to hiring?
- 18. Do you agree to promptly report all driver changes to your agent?
- 19. Do you agree to promptly report all claims to the Company Claims Department?
- 20. Do all your drivers meet all DOT requirements?
- 21. Do you maintain driver files as required by the DOT?

SAFETY MEASURES

YES NO

- 1. Are you operating your power units with speed governors? If yes, what speed are they set at? _____
- 2. Are electronic log programs used to audit driver log books?
- 3. Are your power units equipped with fender mirrors?
- 4. Does your safety program include safe driving incentive awards?

CURRENT CARRIER

Current Carrier Name:	Gross Receipts Rate/Premium of Prior Carrier:	Renewal Rate Offered:
Policy Number:	Policy Deductibles:	Name of Carrier Offering:
Policy Limits:	Bodily Injury	Limits:
Policy Dates: TO	Physical Damage	

COVERAGES

NOTE: Coverages available may vary by state and company

AUTO LIABILITY EMPLOYERS NON-OWNERSHIP LIABILITY (# of employees _____)

LIABILITY FOR NON-TRUCKING USE Leased to: _____

LIMITS: Combined Single Limit (BI/PD): \$ _____ Deductible: \$ _____

HIRED AUTO LIABILITY

Additional Comments/Remarks:

DEDUCTIBLE REIMBURSEMENT LIMIT _____

Liability Physical Damage Cargo

TRAILER INTERCHANGE (provide a copy of agreement)

Maximum Trailer Value: _____ # trailer days: _____

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 Financial Value Coverage to apply. **Not available with all insurance carriers represented*

PHYSICAL DAMAGE	CARGO	COMBINED DEDUCTIBLE	RENTAL REIMBURSEMENT
Deductibles			
<input type="checkbox"/> Comprehensive OR \$ _____	Limit \$ _____	Coverage included unless declined	<input type="checkbox"/> Selected Units
<input type="checkbox"/> Specified Perils \$ _____	Deductible \$ _____	<input type="checkbox"/> Decline	<input type="checkbox"/> All Units
<input type="checkbox"/> Collision \$ _____	<input type="checkbox"/> Decline Hired Auto		Amount Per Day: \$ _____
			Days of Coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120

- UNINSURED MOTORISTS Limits: \$ _____
- MEDICAL PAYMENTS Limits: \$ _____
- CCAS (Michigan)
- UNDERINSURED MOTORISTS Limits: \$ _____
- PERSONAL INJURY PROTECTION
- PROPERTY PROTECTION COVERAGE (Michigan)

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.



FILING INFORMATION

Please provide state permit/authority numbers Base State _____

L = Liability C = Cargo ■ Not required * Intrastate Only

L	C	
*	*	AL
*	■	AZ - Not participating
*	■	AR - Accord Cert Only
*	■	CA - EX # Intra State _____ CA # Required _____
*	*	CO
*	■	CT
*	■	GA - MCA # _____
*	■	ID
■	*	IL - IL MC # _____
*	■	IN

L	C	
*	■	IA
■	*	KS - KCC # Required _____
*	■	KY
*	■	LA
*	■	ME
*	■	MI
*	*	MN
*	■	MS
■	■	MO
*	■	MT
*	■	NE

L	C	
*	■	NV - Not participating
*	■	NM (\$15 fee)
*	■	NY
*	■	NC
*	■	OH
*	*	OK - OCC #
■	*	OR - Not participating
*	*	PA - Not participating
■	*	SC
*	■	SD
*	*	TN

L	C	
*	*	TX - \$100 fee TX DOT # Required
*	*	VA _____
*	■	WA
*	■	WV
*	■	WI
*	*	WY
■	■	FHWA - MC _____

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: _____

SIGNATURES

This is a: New Renewal in our Agency

I authorize National Truck Underwriting Managers, Inc. to obtain a copy of my Motor Vehicle Report for ratings/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 report will be provided to me.

I submit this application with the understanding that Financed Value Coverage is not available with all insurance carriers represented.

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 same as known to me, and the same are hereby made as the basis and condition of the insurance.

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. By signing below, I affirm full knowledge of an 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 _____

BROKER'S NAME AND ADDRESS _____ PHONE _____ FAX _____



BROKER'S SIGNATURE _____ DATE _____



GENERAL AGENT'S SIGNATURE _____ DATE _____

Name, Title, and Address of Individual purchasing this insurance Mr. Mrs. Ms.

Name _____ Title _____

Address _____ City _____ State _____ Zip _____