



REQUEST FOR FILING ACTION

FAX (651) 310-4123

NORTHLAND

NORTHLAND CASUALTY

NORTHFIELD

General Agency

City

Your Name	Filings Contact	Date
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Current Policy No.	Previous Policy No. <small>(Renewals Only)</small>	Policy Period FROM TO
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Make
 Amend
 Cancel
 Reinstate
 Refile
 Renew

Limits of Liability	Limits of Cargo	Effective Date of Filing(s)	Reason for Amend/ Cancel
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Named Insured

Address (Name/ Address should be the same as each individual application.)

Commodities Hauled

Social Security/ FEI #

US DOT #

Please provide state permit/ authority numbers.

L	C	
*	*	AL
█	█	AZ
*	█	AR - Accord Cert Only
*	█	CA - CA # _____ Required
*	*	CO
*	█	CT
*	█	GA - MCA # _____
*	█	ID
*	*	IL - IL MC # _____
*	█	IN
*	█	IA
*	*	KS - KCC # _____
*	█	KY
*	█	LA

L	C	
*	█	ME
*	█	MI
*	█	MN
█	█	MS
*	█	MO
█	█	MT
*	█	NE
█	█	NV
*	█	NM - (\$15 fee)
*	█	NY
*	█	NC
*	█	OH
*	█	OK - OCC # _____
*	*	OR

L	C	
*	*	PA
*	*	SC
█	█	SD
*	*	TN
*	█	TX - TX DOT # _____ Required
*	*	VA
*	█	WA
*	█	WV
*	█	WI
*	*	WY
█	█	FMCSA - MC _____

█ Not Required
 * Intrastate Only

L = Liability
C = Cargo

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

Canadian Province(s)