

This application must be attached to the Commercial Auto Application.

Submission/Policy Number: _____ Proposed Effective Dates: FROM: _____ TO: _____
Name _____

INSURANCE HISTORY AND LOSS EXPERIENCE

1. Has insurance company canceled or nonrenewed your policy in the last 3 years? Yes No
If yes, explain: _____
2. Prior years insurance under business name: _____
3. Have there been any General Liability losses in the last 3 years? Yes No If yes, indicate losses below:

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	# Losses	Loss Amount	Description of Loss

LIMITS

General Aggregate \$ _____ Each Occurrence** \$ _____
 Products-Completed Operations Aggregate \$ _____ Damage to Premises Rented to You \$ _____
 Personal & Advertising Injury** \$ _____ Medical Expense (any one person) \$ _____

**These limits should be the same as the Auto Combined Single Limit or the Auto Per Accident Limit.

EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in ND, OH, WA and WY only)

Yes No Limits: Bodily Injury by Accident each Accident \$ _____
 Bodily Injury by Disease each Employee \$ _____
 Bodily Injury by Disease per Policy \$ _____

W.C. Carrier _____ W.C. Policy # _____ W.C. Effective Date _____

EMPLOYEE AND PAYROLL INFORMATION

	Total Number	Payroll
*Executive Officers	_____	_____
*Individual insureds and co-partners	_____	_____
Outside sales, mechanics, yard employees, terminal employees, dispatcher and other misc. payroll excluding clerical, inside sales, and drivers (unless categorized above)	_____	_____
TOTAL Actual payroll based on payroll developed in State of domicile	_____	_____

*Use Northland filed annual individual payroll for Executive Officers and Individual Insureds or Co-partners.

UNDERWRITING INFORMATION

1. Fully describe the insured's operation. _____
2. Does the insured have any operations other than trucking, such as:
- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| a. Storage of goods of others (warehousing) | <input type="checkbox"/> | <input type="checkbox"/> | f. Freight forwarding, consolidation, or brokering | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Repair of vehicles or goods of others | <input type="checkbox"/> | <input type="checkbox"/> | g. Any sporting or social events sponsored | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Storage of vehicles of others | <input type="checkbox"/> | <input type="checkbox"/> | h. Farming operations | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Space leased to others | <input type="checkbox"/> | <input type="checkbox"/> | i. Any other business activities located at same premises | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sale of fuel or other products | <input type="checkbox"/> | <input type="checkbox"/> | | | |
3. Does the insured generate income from other activities besides the operation of the trucks? Yes No
4. Does the insured sign any contracts requiring the insured to assume the liability of another party? Yes No
5. Does the insured use mobile equipment on or off premises such as forklifts or backhoes? Yes No

Explain all YES answers. _____

Applicant's Signature _____ Date _____