



IOWA COMMERCIAL AUTO FLEET INSURANCE APPLICATION

- Northland Insurance Company
- Northland Casualty Company
- Northfield Insurance Company

Entire application must be completed and signed.

GENERAL INFORMATION		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					
Name					Yrs. in Trucking Industry _____		
					Yrs. Under Business Name _____		
Mailing Address				Federal ID # or SSN		U.S. DOT Number	
City		State	Zip	Date Coverage Desired: FROM _____ TO _____			
Garaging Location(s) if different:		City		State	ZIP	Phone () _____	
Loss Control Services Contact Person Name					Contact's Phone () _____		
Loss Control E-Mail Address							
OWNER / PRINCIPAL / PRESIDENT							
Name (First, Middle, Last)				Title			
SS #		Home Address				Apt. #	
City		State	Zip Code		Business Phone () _____		
DESCRIPTION OF OPERATIONS		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (Explain) _____					
Range of Transport		Commodity					
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Materials requiring \$1,000,000 liability limits or less <input type="checkbox"/> Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)					
OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations Below							
1	2		3		4		
OPERATIONS BEYOND 300 MILE RADIUS: 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"/> Balt-Washington	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./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"/> _____		
<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"/> _____		
<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"/> _____		
Cities other than above or regular routes _____							
COMMODITIES TRANSPORTED							
Commodity		Percent of Loads	Maximum Value		Commodity		
YES NO							
<input type="checkbox"/>	<input type="checkbox"/>	1. Are filings required? If yes, complete form N-710, Filing Information.				Docket #: _____	
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?				Docket #: _____	
		If yes, provide Brokerage Name: _____					
		Annual Brokerage Revenue: \$ _____					
<input type="checkbox"/>	<input type="checkbox"/>	3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.					
<input type="checkbox"/>	<input type="checkbox"/>	4. Is all owned equipment scheduled on this application? If no, attach explanation.					
<input type="checkbox"/>	<input type="checkbox"/>	5. Is all of the scheduled equipment owned by you? If no, attach explanation.					
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you hire other companies or independent owner-operators to haul for you? If yes, answer questions a. and b. below. If no, skip to question 7.					

YES NO

a. Are hired vehicles permanently leased to your company? Yes No
 If yes, are these vehicles listed on the application? Yes No
 If yes, are these vehicles leased with drivers? Yes No
 If yes, do you require leased vehicle owners to have non-trucking liability coverage? Yes No

b. Are vehicles hired on an "as needed" basis? Yes No
 If yes, what is the estimated number of trips: per month _____ per year _____
 If yes, what is the estimated annual cost of hire: per month \$ _____ per year \$ _____

7. Do you lease to others? 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.

8. Do you pull doubles? Yes No Triples? Yes No

9. Do you haul containers or containerized freight?

10. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

11. Do you operate more than one terminal? If yes, provide the following:

Location(s)	# Units	Address, City, State

12. Do you use any team, hot seat, slip seating or relay driver operations?

13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If so, attach a copy of the contract.

14. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete N-467.

LIENHOLDER INFORMATION Attach All Lienholder Information For 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	Avg. Duration of a Trip Lease	Avg. # of Trip Lease Per Year	Est. Trip Lease Payments Per Year	Ins. Provided By		With Hold Harmless Naming Other Part As Additional 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 do they backhaul? _____
 What are restrictions on backhauling? _____

SCHEDULE OF EQUIPMENT OPERATED Provide a schedule of equipment to include "Make," Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation.

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

UNITS REVENUE AND MILEAGE			Actual and Estimated.							
	Period	Units	Revenue			Mileage				
Projected										
Current										
1 st Prior										
2 nd Prior										
3 rd Prior										
SUMMARY OF EQUIPMENT VALUES										
Total Fleet Value		No. of Units		Average Value						
Total Tractor Value		No. of Units		Average Value						
Total Trailer Value		No. of Units		Average 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 CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?										
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain. _____ _____										
Policy Term		Insurance Co.	Policy Number	Liability		Phys. Dam.		Cargo		Driver(s) Involved in Loss
FROM Mo/Yr	TO Mo/Yr			#	Loss Amt.	#	Loss Amt.	#	Loss Amt.	
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 two (2) full policy years. Describe any claim with payment or reserves over \$25,000.										
DRIVER, SAFETY AND MAINTENANCE			Name, title, phone number of person responsible for safety (specify other duties):							
A	Are hazardous materials/wastes transported? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach explanation.)</i>									
B	Is this a seasonal operation? <input type="checkbox"/> Yes <input type="checkbox"/> No									
C	Truck Fleet - No. of drivers: Regularly Employed _____ Part Time _____ Owner/Operator _____ Leased _____ Casual _____ TOTAL _____ How are drivers paid? <input type="checkbox"/> Hourly <input type="checkbox"/> Trip <input type="checkbox"/> Mileage <input type="checkbox"/> Other									
D	Drivers Hired or Leased Last Year		Company Drivers				Leased Owners/Operators			
	1. Number replaced _____		_____				_____			
	2. Number increased _____		_____				_____			
E	Age of Drivers:		Min. _____ Max. _____		Min. _____ Max. _____					
	1. Number under 25 _____		_____		_____					
	2. Number over 65 _____		_____		_____					
F	Provide a list of drivers that includes the Driver's Name, DOB, License Number, Social Security Number, Date of Hire, and Years of Driving Experience.									
G	What is the longest trip? _____ 1. Time: _____ hours Distance: _____ 2. Is this one way or turnaround? _____									

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

- a. Complete driver list, both company and owner operator, showing full name, date of birth, drivers license number, social security number, date of hire and **most recent MVRs**.
- b. Complete list of all equipment including complete serial number and gross vehicle weight, including owned or leased and owner operated.
- c. Provide a description of all safety activities and incentives. Include Passenger Policy, if applicable.
- d. Pro-rata (Schedule B) Mileage Sheet.
- e. Current Annual Financial Statement including both profit and loss statements.

SIGNATURES

I authorize Northland Insurance Companies to obtain a copy of my Motor Vehicle Report for rating/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 the report will be provided to me.

Disclosure: In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Northland Insurance Companies to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Northland Insurance Companies.

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 knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.** 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

DATE

APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE

PHONE # FAX #

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/ o Law Department, 385 Washington St., St. Paul, MN 55102.