



MASSACHUSETTS TRUCK APPLICATION 1-10 Power Units

Entire Application Must Be Completed and Signed

Submission Number: Proposed Effective Dates: FROM: TO:

GENERAL INFORMATION

Individual Corporation Partnership LLC Other:

Name

Mailing Address

City State ZIP Code Business Phone

E-Mail Address

Garaging Address (if different)

City State ZIP Code

Tax ID: Federal ID # or SS # U.S. DOT # Yrs. in Trucking Industry Yrs. Operating Under Business Name

Loss Control Services Contact Person Name Contact's Phone

Loss Control E-Mail Address

OWNER/PRINCIPAL

Owner Name (First, Middle, Last)

SS # of Owner Home Address Apt. #

City State ZIP Code Business Phone

DESCRIPTION OF OPERATIONS

Type of Operation For Hire Private Non-Trucking Other:

Commodity (Check any that apply) Hazardous Materials requiring \$1,000,000 Liability limits or less Refuse/Waste/Garbage Hazardous Materials requiring Liability limits higher than \$1,000,000. Explain:

Table with 6 columns: Commodity, % of Loads, Max. Value, Commodity, % of Loads, Max. Value

Table with 3 columns: Commodity, Units, Max. Value

Range of Transport

Interstate Intrastate

Operations Less than 300 Mile Radius - List City Destinations Below

Blank line for listing city destinations

Operations Beyond 300 Mile Radius - Identify Metropolitan Areas Traveled Through or Into

- List of metropolitan areas with checkboxes: Atlanta, Cleveland, Jacksonville, Milwaukee, Orlando, Salt Lake City, Balt.-Washington, Dallas/Ft. Worth, Kansas City, Mpls./St. Paul, Philadelphia, San Diego, Boston, Denver, Little Rock, Nashville, Phoenix, San Francisco, Buffalo, Detroit, Los Angeles, New Orleans, Pittsburgh, Seattle, Charlotte, Hartford, Louisville, New York City, Portland, Tampa, Chicago, Houston, Memphis, Oklahoma City, Richmond, Tulsa, Cincinnati, Indianapolis, Miami, Omaha, St. Louis

Cities other than above or regular routes:

Longest Trip One Way: _____ Miles

Yes No

- 1. Are motor carrier filings required? If yes, complete form N-710, Filing Information. MC # _____
- 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?
If yes, provide Brokerage Name: _____
Broker Authority Docket # _____ Annual Brokerage Revenue _____
- 3. Is all equipment operated under the applicant's authority scheduled on the application?
If no, explain. _____
- 4. Is all owned equipment scheduled on this application?
If no, explain. _____
- 5. 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 #6.
- A. Are hired vehicles permanently leased to your company? If yes:
 - (1) Are these vehicles listed on the application?
 - (2) Are these vehicles leased with drivers? If yes, complete T-376.
 - (3) Do you require leased vehicle owners to purchase non-trucking liability coverage?
- B. Do you hire additional drivers or equipment to haul for you under a trip lease or subhaul agreement?
If yes:
 - (1) Indicate estimated number of trips: Per Month _____ Per Year _____
 - (2) Indicate estimated annual cost of hire: Per Month _____ Per Year _____
- 6. Do you lease to others? If yes, who must provide primary insurance? You Other
 If you provide insurance, is coverage desired for Lessees?
- 7. Do you pull doubles and/or triples? If yes, specify: _____
- 8. Do you operate any 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.

Use N-3077 if additional space is needed for Driver Information, Insurance History, Schedule of Autos or Additional Interests.

DRIVER INFORMATION

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	# Yrs. Personal Driver License	State	# Yrs. Driving Similar Equip.	Date of Hire	Past 3 Years	
							# Violations Minor	# Major Accidents

DRIVER LOSS HISTORY

Driver Name (Last, First, Middle)	Date of Accident	Amount of Accident	Description

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. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

REVENUE AND MILEAGE

	Units	Revenue Per Unit	Mileage Per Unit	Total Revenue	Total Mileage
Past 12 Months					
Next 12 Months					

INSURANCE HISTORY AND LOSS EXPERIENCE

1. Has an insurance company cancelled or non renewed your policy in the last 3 years? Yes No

If yes, explain: _____

2. Prior years insurance under business name: _____

3. Have you ever had truck insurance under a different entity name? Yes No

If yes, Entity Name: _____

*Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab.

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses	Loss Amount	Driver Involved in Loss

SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 10 power units, form N-2379 MA, Massachusetts Fleet Application, must be completed.

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 Financed Value Coverage to apply.

No.	Unit ID	Year	Make	1 Vehicle Type	VIN Number	Passive Rest. (Y/N)	2 Anti Theft Device	Stated Value
GVW/GCW				Radius	Owner's Name			
3 Garaging State			4 Zone Destination		5 Original Cost New			
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GVW/GCW				Radius	Owner's Name			
3 Garaging State			4 Zone Destination		5 Original Cost New			
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3 Garaging State			4 Zone Destination		5 Original Cost New			

1 Vehicle Type Legend

CCT - Car Carrier Trailer	FLT - Flat Bed	PUP - Pup Trailer	TAP - Tanker Pneumatic/Dry Bulk
CON - Container (Intermodal)	HOP - Hopper/Grain	SEM - Semi Trailer	TAO - Tanker-Other
CUS - Curtain Side	LWF - Live/Walking/Floor	TAN - Tandem	NOC - Trailers Not Otherwise Classified
DOL - Dolly, Con Gear	LIV - Livestock	TAT - Tank Trailer	TRC - Tractors
DRP - Drop Deck, Gooseneck	LOG - Log	TAA - Tanker Asphalt/Hot Oil	TRK - Trucks
DPS - Dump Side	LOW - Lowboy	TAC - Tanker Chemical/Acid	VAD - Van Trailer (Dry)
DPB - Dump Trailer (Bottom)	MEQ - Mobile Equipment	TAG - Tanker Gasoline/Fuel	REF - Van Trailer (Temp Control)
DPE - Dump Trailer (End)	PUL - Pull Trailer	TAL - Tanker LPG	

2 Anti Theft Device Type Legend

1 - Category I	3 - Category III	5 - Category V
2 - Category II	4 - Category IV	

3 Garaging Legend

03 Boston Zone: Includes all of Essex, Middlesex, Norfolk, and Suffolk, Massachusetts Counties.
 49 Other than Boston Zone

4 Zone Destination Legend

01 Atlanta	13 Houston	25 New Orleans	37 Tulsa
02 Balt/Wash.	14 Indianapolis	26 New York City	40 Pacific
03 Boston	15 Jacksonville	27 Oklahoma City	41 Mountain
04 Buffalo	16 Kansas City	28 Omaha	42 Midwest
05 Charlotte	17 Little Rock	29 Phoenix	43 Southwest
06 Chicago	18 Los Angeles	30 Philadelphia	44 North Central
07 Cincinnati	19 Louisville	31 Pittsburgh	45 Mid East
08 Cleveland	20 Memphis	32 Portland	46 Gulf
09 Dallas Ft. Worth	21 Miami	33 Richmond	47 South East
10 Denver	22 Milwaukee	34 St. Louis	48 Eastern
11 Detroit	23 Mpls/St. Paul	35 Salt Lake City	49 New England
12 Hartford	24 Nashville	36 San Francisco	

5 Original Cost New Legend

01 \$0 - 4,500	04 \$8,001 - 10,000	07 \$20,001 - 25,000	11 \$65,001 - 90,000
02 \$4,501 - 6,000	05 \$10,001 - 15,000	08 \$25,001 - 40,000	12 \$90,001 and over
03 \$6,001 - 8,000	06 \$15,001 - 20,000	10 \$40,001 - 65,000	

ADDITIONAL INTERESTS

AI Type* AI - Additional Insured LP - Loss Payee LE - Employee as Lessor AL - Lessor-Additional Insured and Loss Payee

Unit #	AI Type*	Name	Address	City	State	ZIP Code

COVERAGES

AUTO LIABILITY Compulsory Limits: Bodily Injury \$20,000 Each Person \$40,000 Each Accident
 Property Damage \$5,000
 Optional Combined Single Limit (CSL): _____

MEDICAL PAYMENTS _____

LIABILITY FOR NON-TRUCKING USE Leased to: _____

HIRED AUTO LIABILITY Cost of Hire: _____

EMPLOYERS NONOWNERSHIP LIABILITY Number of Employees: _____

Trailer Interchange (Include agreement) Maximum Trailer Value: _____ # Trailer Days All Units: _____
 Total # of Power Units Under Agreement: _____

Physical Damage Deductibles

COMPREHENSIVE _____ OR **SPECIFIED CAUSES OF LOSS** _____

COLLISION OR **LIMITED COLLISION** _____

WAIVER OF DEDUCTIBLE

Combined Deductible Applies unless declined. Decline Combined Deductible

Rental Reimbursement Selected Units Amount Per Day: _____
 Days of Coverage: 30 120

 Deluxe Coverage Endorsement

Cargo Limit _____ Deductible _____	<input type="checkbox"/> Decline Hired Auto Cargo	<input type="checkbox"/> Deductible Reimbursement If selected, attach Supplement.
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UNINSURED / UNDERINSURED MOTORIST

UNINSURED MOTORIST _____

UNDERINSURED MOTORIST _____

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorists / Underinsured Motorists Application must be completed and signed by the applicant when binding coverage.

PERSONAL INJURY PROTECTION

Personal Injury Protection Coverage in the amount of \$8,000 is automatically included on all autos.

SIGNATURES

I authorize Northland Insurance Companies to obtain a copy of any 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.

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. **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.** 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.