



MAINE COMMERCIAL AUTO FLEET INSURANCE APPLICATION

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"/> Property (nonhazardous)				<input type="checkbox"/> Refuse/Waste/Garbage																																																																																																																	
<input type="checkbox"/> Intrastate		<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 200 MILE RADIUS - List City Destinations Below																																																																																																																							
1		2			3			4																																																																																																															
OPERATIONS BEYOND 200 MILE RADIUS: Identify Metropolitan Areas 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		Percent of Loads		Maximum Value																																																																																																											
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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 Each 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							

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.