



NEW HAMPSHIRE 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		
Loss Control Services Contact Person Name		Phone ()			
Loss Control E-Mail Address		Contact's Phone ()			
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 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"/> Balt-Washington	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./St. Paul		
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville		
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans		
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City		
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City		
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha		
<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Francisco		
<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Seattle	<input type="checkbox"/> Portland	<input type="checkbox"/> Tulsa		
<input type="checkbox"/> Richmond	<input type="checkbox"/> St. Louis	<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
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? If yes, provide Brokerage Name: _____ Docket #: _____ 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 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							

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? _____										
SAFETY MEASURES											
										Yes	No
1. Are you operating your trucks with speed governors?										<input type="checkbox"/>	<input type="checkbox"/>
If yes, what speed are they set at? _____											
2. Are electronic log programs used to audit driver log books?										<input type="checkbox"/>	<input type="checkbox"/>
3. Are your trucks equipped with fender mirrors?										<input type="checkbox"/>	<input type="checkbox"/>
4. Does your safety program include safe driving incentive awards?										<input type="checkbox"/>	<input type="checkbox"/>

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.