



**NEW HAMPSHIRE
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
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E-Mail Address _____

Garaging Address (if different) _____

City	State	ZIP Code
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Tax ID: Federal ID # or SS #	U.S. DOT #	Yrs. in Trucking Industry	Yrs. Operating Under Business Name
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Loss Control Services Contact Person Name	Contact's Phone
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Loss Control E-Mail Address _____

OWNER/PRINCIPAL

Owner Name (First, Middle, Last) _____

SS # of Owner	Home Address	Apt. #
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City	State	ZIP Code	Business Phone
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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: _____

Commodity	% of Loads	Max. Value	Commodity	% of Loads	Max. Value

Range of Transport

Interstate Intrastate

Operations Less than 300 Mile Radius - List City Destinations Below

Operations Beyond 300 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"/> Orlando | <input type="checkbox"/> Salt Lake City |
| <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"/> Philadelphia | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Nashville | <input type="checkbox"/> Phoenix | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> New York City | <input type="checkbox"/> Portland | <input type="checkbox"/> Tampa |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> Richmond | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> St. Louis | |

Cities other than above or regular routes: _____

Percent of Loads: Local/Intermediate 0-200 Miles _____ Long Haul 201+ Miles _____

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	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, 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	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		

***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	

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 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 _____

Combined Deductible Applies unless declined. Decline Combined Deductible

Rental Reimbursement Selected Units OR All 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 MOTORISTS OPTIONS

UNINSURED MOTORIST _____

UNDERINSURED MOTORIST _____

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.

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, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.** 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.