



## COMMERCIAL AUTO FLEET INSURANCE APPLICATION

*Entire application must be completed and signed.*

<b>GENERAL INFORMATION</b>						<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																																																																																																														
<b>OWNER / PRINCIPAL / PRESIDENT</b>																																																																																																														
Name (First, Middle, Last)						Title																																																																																																								
SS #			Home Address						Apt. #																																																																																																					
City			State		Zip Code			Business Phone ( )																																																																																																						
<b>DESCRIPTION OF OPERATIONS</b>						<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (Explain) _____																																																																																																								
<b>Range of Transport</b>			<b>Commodity</b>																																																																																																											
<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)																																																																																																											
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1		2		3		4																																																																																																								
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<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"/> _____																																																																																																				
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<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 _____																																																																																																														
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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							

<b>UNITS REVENUE AND MILEAGE</b>			Actual and Estimated.							
	<b>Period</b>	<b>Units</b>	<b>Revenue</b>			<b>Mileage</b>				
Projected										
Current										
1 <sup>st</sup> Prior										
2 <sup>nd</sup> Prior										
3 <sup>rd</sup> Prior										
<b>SUMMARY OF EQUIPMENT VALUES</b>										
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					
<b>INSURANCE HISTORY &amp; LOSS EXPERIENCE</b>			Provide the following insurance and loss information for the past three years.							
<b>HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?</b>										
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain. _____ _____										
<b>Policy Term</b>		<b>Insurance Co.</b>	<b>Policy Number</b>	<b>Liability</b>		<b>Phys. Dam.</b>		<b>Cargo</b>		<b>Driver(s) Involved in Loss</b>
<b>FROM Mo/Yr</b>	<b>TO Mo/Yr</b>			<b>#</b>	<b>Loss Amt.</b>	<b>#</b>	<b>Loss Amt.</b>	<b>#</b>	<b>Loss Amt.</b>	
<b>EXPERIENCE INFORMATION:</b> 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.										
<b>DRIVER, SAFETY AND MAINTENANCE</b>			Name, title, phone number of person responsible for safety (specify other duties):							
<b>A</b>	Are hazardous materials/wastes transported? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach explanation.)</i>									
<b>B</b>	Is this a seasonal operation? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>C</b>	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									
<b>D</b>	Drivers Hired or Leased Last Year		<b>Company Drivers</b>				<b>Leased Owners/Operators</b>			
	1. Number replaced _____		_____				_____			
	2. Number increased _____		_____				_____			
<b>E</b>	<b>Age of Drivers:</b>		Min. _____ Max. _____		Min. _____ Max. _____					
	1. Number under 25 _____		_____		_____					
	2. Number over 65 _____		_____		_____					
<b>F</b>	<b>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.</b>									
<b>G</b>	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 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. **WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.** 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](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.