



VIRGINIA 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 _____
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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 () _____

DESCRIPTION OF OPERATIONS	<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (Explain) _____
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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 300 MILE RADIUS - List City Destinations Below			
1	2	3	4

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"/> 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

YES	NO	<p>1. Are filings required? If yes, complete form N-710, Filing Information. Docket #: _____</p> <p>2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? Docket #: _____ If yes, provide Brokerage Name: _____ Annual Brokerage Revenue: \$ _____</p> <p>3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.</p> <p>4. Is all owned equipment scheduled on this application? If no, attach explanation.</p> <p>5. Is all of the scheduled equipment owned by you? If no, attach explanation.</p> <p>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.</p> <p style="margin-left: 20px;">a. Are hired vehicles permanently leased to your company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are these vehicles listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are these vehicles leased with drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you require leased vehicle owners to have non-trucking liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">b. Are vehicles hired on an "as needed" basis? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \$ _____</p> <p>7. Do you lease to others? If yes, who must provide primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other If you provide insurance, is coverage desired for: <input type="checkbox"/> Named Lessee(s) OR <input type="checkbox"/> All Lessees (Blanket Basis) If Named Lessee(s), attach a list of Name and Address for each lessee.</p> <p>8. Do you pull doubles? <input type="checkbox"/> Yes <input type="checkbox"/> No Triples? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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YES	NO													
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you haul containers or containerized freight?												
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.												
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you operate more than one terminal? If yes, provide the following:												
		<table border="1"> <tr> <th>Location(s)</th> <th># Units</th> <th>Address, City, State</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Location(s)	# Units	Address, City, State									
Location(s)	# Units	Address, City, State												
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you use any team, hot seat, slip seating or relay driver operations?												
<input type="checkbox"/>	<input type="checkbox"/>	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.												
<input type="checkbox"/>	<input type="checkbox"/>	014. 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 <table style="width:100%; border:none;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align:center;">Company Drivers</td> <td style="width:33%; text-align:center;">Leased Owners/Operators</td> </tr> <tr> <td>1. Number replaced _____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>2. Number increased _____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> </table>												Company Drivers	Leased Owners/Operators	1. Number replaced _____	_____	_____	2. Number increased _____	_____	_____
	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? If yes, what speed are they set at? _____										<input type="checkbox"/>	<input type="checkbox"/>									
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"/>									
CURRENT CARRIER																				
Current Carrier Name _____																				
Policy Number _____ Policy Dates: _____ To _____																				
Policy Limits _____ Gross Receipts Rate/Premium of Prior Carrier _____																				
Policy Deductibles: BI _____ PD _____																				
Renewal Rate Offered _____ Limits _____																				
Name of Carrier Offering _____																				

COVERAGES				
<input type="checkbox"/> AUTO LIABILITY		<input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____)		
<input type="checkbox"/> LIABILITY FOR NONTRUCKING USE		Leased to: _____		
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____		<input type="checkbox"/> Deductible \$ _____		
<input type="checkbox"/> HIRED AUTO LIABILITY		If Reporting Basis: <input type="checkbox"/> Revenue <input type="checkbox"/> Mileage <input type="checkbox"/> Units		
<input type="checkbox"/> TRAILER INTERCHANGE (provide a copy of agreement)				
# Power units under agreement _____				
Maximum trailer value _____ # trailer days per power unit _____				
PHYSICAL DAMAGE	Deductibles:	<input type="checkbox"/> CARGO	COMBINED	RENTAL REIMBURSEMENT
<input type="checkbox"/> Comprehensive OR	\$ _____	Limit \$ _____	DEDUCTIBLE	<input type="checkbox"/> Selected Units
<input type="checkbox"/> Specified Causes of Loss	\$ _____	Deductible \$ _____	Coverage included	Amt. Per Day \$ _____
<input type="checkbox"/> Collision	\$ _____	<input type="checkbox"/> Decline Hired Auto Cargo	unless declined.	Days of coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120
			<input type="checkbox"/> Decline	
AUTO LOAN/LEASE GAP COVERAGE <input type="checkbox"/> Selected Units <input type="checkbox"/> All Units				
UNINSURED/UNDERINSURED MOTORIST AND MEDICAL EXPENSE AND LOSS OF INCOME BENEFITS				
Uninsured Motorist (Includes Underinsured Motorist)		Limits: _____		
<input type="checkbox"/> Medical Expense Benefits		Limits: _____		
<input type="checkbox"/> Loss of Income Benefits		Limits: \$100 per week		
Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorist/Underinsured Motorist and Medical Expense and Loss of Income Benefits Application(s) must be completed and signed by the applicant when binding coverage.				
NORTHLAND'S FLEET SERVICES SUMMARY:				
<ul style="list-style-type: none"> ✓ Northland's Transportation Safety Library on the Internet at www.truckinsurance.com provides customers with a wide range of safety management, DOT compliance, and driver training tools and resources. ✓ Drive Times, Northland's quarterly truck safety newsletter, offers safety tips and transportation news for drivers and safety managers. ✓ Our Risk Control Specialists are available to assist you with safety program development, driver training, and DOT compliance. ✓ Each member of Northland's Claim staff is a specialist in the area of commercial auto. ✓ Our "800" number is attended by a specialist seven days a week, 24 hours a day, 365 days a year. ✓ Northland can also provide other product lines of coverage such as General Liability or higher limits if necessary. Please talk to your agent for additional coverage needs. 				
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.

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 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

TITLE

DATE

PRODUCER'S SIGNATURE