

TRUCK FLEET APPLICATION

11 or More Power Units

Entire Application Must Be Completed and Signed

Submission Nur			Proposed	Effective	Dates: FROM	:	TO:	
GENERAL INFO								
☐ Individual	☐ Corporation	n 🔲 Part	nership	LLC	☐ Other			
Name								
Mailing Address	i							
City				State	ZIP Code	Busi	iness Phone	
E-Mail Address					1			
Garaging Addre	SS							
City				State	ZIP Code			
Tax ID: Federal	ID # or SS #	U.S. DOT	‡	MC #	1	Yrs. App Busines		en Operating Under
Safety Contact I	Person Name	•				Con	tact's Phone	
Safety E-Mail A	ddress					l		
OWNER / PRIN	CIPAL							
Name (First, Mic	ddle, Last)						Yrs. Expe	rience in Trucking
SS # of Owner	Н	me Address					Apt. #	
City	1			State	ZIP Code		Business	Phone
DESCRIPTION	OF OPERATION	ONS						
Type of Operation			t For Hire		n-Trucking	Privat	е	
Do you engage If yes, explain: _	in operations o	ther than trud	cking?	Yes 🚨	No			
	any change in		operations,	, ownersh	ip, manageme	nt or the r	name of the op	eration during the
If yes, provide d		110						
Range of Trans								
☐ Interstate	☐ Intrastate							
Percent of Load		es	101 - 300) Miles	301 - 5	500 Miles	50	1 Miles +
Longest Trip On								
			THAN 300 N	IILE RAD	IUS - List City	y Destina	tions Below	
1		2		3			4	
OPERA	ATIONS BEYO	ND 300 MIL	E RADIUS:	Identify	Metropolitan	Areas Tra	aveled Throug	gh Or Into
□ Atlanta	☐ Clev		Jacksor	_	■ Milwaukee		Orlando	□ Salt Lake City
☐ Balt-Washing		s/Ft. Worth	☐ Kansas	•	☐ Mpls./St. Pa		Philadelphia	☐ San Diego
☐ Boston	☐ Den		☐ Little Ro		□ Nashville		Phoenix	☐ San Francisco
☐ Buffalo	☐ Detro		☐ Los Ang		□ New Orlean		Pittsburgh	☐ Seattle
☐ Charlotte	☐ Hartf		□ Louisvill		□ New York C	•	Portland	☐ Tampa
☐ Chicago	☐ Hous		☐ Memphi		☐ Oklahoma (•	Richmond	□ Tulsa
☐ Cincinnati	India	•	■ Miami		□ Omaha		St. Louis	_
Cities other than	-							
Percent of regul	ar routes							

☐ Ref	use/V zardou	/asto us M		g \$1,000,000 g liability limi	liability limits or less in excess of \$1,0	000,000 (if checked,	attach ex	planatior)	
				i .	COMMODITIES TO			1		
	C	omm	odity	Percent of Loads	Maximum Value	Commodity	<i>'</i>	Percer of Load	-	mum Value
List m	ajor s	hipp	ers you haul for:							
VEC	NO									
YES	NO □	1	Ara filinga ragu	irod2 If you	complete Eiling Ir	sformation form				
				•	complete Filing Ir		a far athai			
		۷.	•	•	-	rder or arrange loads	s ioi otnei	5?		
			•		ment and provide:			NAC #1		
			Brokerage Nar	ne:	Φ.			MC #:		
					: \$					
		3.		-		s authority schedule	d on the a	applicatio	n?	
			a. If no, attach	•						
					ered to you by othe					
		4.	Is all owned equipment scheduled on this application? If no, attach explanation.							
		5.	a. Do you lease your power units to others?							
			b. Do you lease your trailers to others?							
						verage? 🛚 You	□ Lessee	:		
		6.	Do other motor carriers or owner-operators haul for you? If yes, complete questions below, complete Hired Autos Application Supplement and attach copy							
							cation Si	uppleme	nt and at	tach copy
					skip to question # ng: ☐ Yours ☐					
			B. On what ba			Curiors	☐ Pern	nanent	☐ Temp	oorary/Trip
				•			Ba	sis	В	asis
			C. Provide ann							
			D. Are vehicles				☐ Yes		☐ Yes	_
						tion for insurance?				
					e leased vehicle ov	vners to purchase	☐ Yes	☐ No	☐ Yes	☐ No
			non-truc (2) If no:	cking liability	coverage?					
				ere a written	lease agreement s	stating the lessor	☐ Yes	□ No	☐ Yes	□ No
					ry auto liability cov					
				ed to you?		Ü				
				t of Liability re			\$		\$	
			•		idence the lessor l	nas primary auto	☐ Yes	☐ No	☐ Yes	☐ No
				ity coverage?		agrees to provide	☐ Yes	□ No	☐ Yes	□ No
					advance notice if t		— 163	— 110	— 163	□ INO
					cancelled or redu					
		7.	Do you pull do		Yes □ No	Triples? ☐ Yes	□ No			
		8.	Do you haul ir	ntermodal co		·				
					ation seasonal? If					
						or relay driver operati y employees? If yes		ony of sa	0000000	program
_	_	11.			ncy, requirements		, allauli C	opy or po	isseriyel	program

Yes	No								
		12.	Do you operate	more than one	e terminal	? If yes, provide t	he following:		
			Location(# Units	Max. Equip. Val		Address, C	Citv. State
				- /		100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		13.	Do you sign cor declare cargo a the contract.	ntracts with shi a total loss reg	ppers that ardless of	t give the shipper actual damage in	the right to o the event of	letermine carge a loss? If yes	o salvage values or s, attach a copy of
		14.	vehicle insuran	ce law in the s	tate where				w or other motor , and need Liability
		15.	insurance carri	use of escort vehicles are er, policy numl	vehicles? not inclu per and au	ded in this applicate in this applicate in the control in the cont	neral liability	limits.	
		16.	the Driver Infor	mation section	١.	in this application ls? If yes, explai			should be listed in ion.
		17.	Do you haul to/		-	If yes:			
			a. List commo						
			b. Percent of	loads these co	mmoditie	s represent for you	ur business:		
		18.	Do you haul to/						
			a. List commo						
						s represent for you	ur buoinooo		
					mmodille	s represent for you	ur business.		
			EQUIPMENT OF						
Opera The St	tion, tated	Own Limit	ership Status a of each auto mu	nd Additional st be equal to	Interest	ar, Type*, VIN Nu information. Ref than the outstand	er to Legen	ds below.	
		icea	Value Coverage Owned		0	Local	Into	. I and	TOTAL
	Туре		Owned	Leased w/o Drivers	Owner Operato		Inte	r. Long Haul	UNITS
Light 7	Frucks			Dilveis	Operato	13		Tiaui	ONITO
Mediu									
Heavy									
Tracto		13							
		· · ·							
	sure E	lectro	_l onics (as defined d value.	by the policy)	, along wi	th tarps, chains o	r binders are	covered, inclu	ide the value in
Owne									
1 – Owr			3 – Employ	ree Owned	4 – I ease	d w/ Driver Incl. Non-T	rucking		
2 – Leas		hout D		oo o milou		d w/ Driver Excl. Non-1	-		
*Vehic							<u> </u>		
CCT - C			•	T - Flat Bed		PUP - Pup Trailer		TAP - Tanker Pne	eumatic/Dry Bulk
CON - C	Contain	er (Inte	ermodal) HC	P - Hopper/Grain		SEM - Semi Trailer		TAO - Tanker-Oth	· · · · · · · · · · · · · · · · · · ·
CUS - C				/F - Live/Walking/		TAN - Tandem		NOC - Trailers No	ot Otherwise Classified
DOL - D	olly, Co	on Gea	ar LI\	/ - Livestock		TAT - Tank Trailer		TRC - Tractors	
DRP - D	rop De	ck, Go	oseneck LO	G - Log		TAA - Tanker Asphal	t/Hot Oil	TRK -Trucks	
DPS - D				W - Lowboy		TAC - Tanker Chemic	cal/Acid	VAD - Van Trailer	
DPB - D				Q - Mobile Equip	ment	TAG - Tanker Gasolii	ne/Fuel	REF - Van Trailer	(Temp Control)
DPE - D				IL - Pull Trailer		TAL - Tanker LPG			
Additi			•						
AI – Add				- Lessor; Addition		•	LP – Loss	•	
	COU WILL	ri I iriv	er Includina Non-Tru	CKINO	1 X – I e	ased with Driver Exclu	iaina Non-Truck	ina	

UNI	TS RE	VENUE AND MILE	AGE - Actu	ıal and	Estimated					
		Period	Uı	nits		Revenue			Mile	age
Proj	ected									
Curi										
1 st F										
	Prior									
3 rd F										
4 th F										
SUN	/MAR	OF EQUIPMENT	VALUES							
		Total Value			No. of Units	3		Average	Value	
Flee										
Trac										
Trai										
INS	URAN	CE HISTORY & LC	SS EXPER	RIENCI	E - Provide the follow	ing insura	ance and	loss inform	ation for t	he past
3 ye	ars.									
	(Misso □ Yes	uri Applicants – D ☐ No If yes, ex	Do not ans v plain:	wer thi			3 years?			
2.	Prior ye	ears insurance und	er business	s name			. :1:4			
2	Indicat	a other company n	omo(c) vou	hava a	Non-Trucking operated under in the I					
	Compa	ny Names: nce Provider(s):		nave (pperated under in the r		·			
Con at le	npany p ast two	produced detailed let (2) full policy year	oss and express. Describe	periend e any d	ntly valued (must be va be auto liability, physical claim with payment or it Prim. Liab. N=Non-Tr	al damage eserves ov	and cargover \$25,00	o loss runs fo 00.		
ı	Prior Ca	arrier Effective Date	s	Pric	or Carrier Name	Policy	Number	Coverage Type*	# Units Insured	# Losses
		to								
		to								
		to								
LOS	S HIS	TORY – Past 3 Ye	ars (includ	ing Dr	ivers no longer empl	oyed)				
		iver Name First, Middle)	Date of Acciden	Ι Δ	mount of Accident		l	Description		
	VED is	IFORMATION								_
						nııN aznar	ነከልr ዴ St			
Pro	vide a	list of drivers that				ciisc itali	ibei a ot	ate, Social S	Security N	lumber,
Pro Date	vide a e of Hi	re, and Years of D	riving Exp	erienc	e.					lumber,
Pro	vide a e of Hi		riving Expers: Regu	erienc ularly E		Part Time		_ Owner/O		lumber,
Pro Date	vide a e of Hi Truck	re, and Years of D Fleet - No. of drive	riving Expers: Regularist	erienc ularly E sed	e. Employed	Part Time Casual				lumber,
Proposition 1.	vide a e of Hin Truck How a	re, and Years of D Fleet - No. of drive are drivers paid?	riving Expers: Regulates Leas	erienc ularly E	e. Employed rip	Part Time Casual Other		_ Owner/O _ TOTAL	perator ₋	
Pro Date	vide a e of Hin Truck How a Driver	re, and Years of D Fleet - No. of drive are drivers paid? as Hired or Leased	riving Expers: Regu Leas □ Hourly Last Year	erienc ularly E sed	e. Employed	Part Time Casual Other		_ Owner/O	perator ₋	
Proposition 1.	vide a e of Hir Truck How a Driver a. N	re, and Years of D Fleet - No. of drive are drivers paid? The Hired or Leased	riving Exp ers: Regu Leas Hourly Last Year	erienc ularly E sed	e. Employed rip	Part Time Casual Other		_ Owner/O _ TOTAL	perator ₋	

DR	IVER HIRING, TRAINING AND SAFETY
1.	Which of the following is part of your driver screening/hiring process:
	☐ Employment background check ☐ Pre-employment drug test
	☐ Criminal background check ☐ Road test
_	☐ Motor vehicle record (MVR) review ☐ Pre-employment Screening Program (PSP) Report from FMCSA
2.	Which of the following is part of your driver performance management process:
	☐ Annual review of driver's driving record (MVR) ☐ Review of electronic vehicle driver performance data
	 □ Periodic review of driver and vehicle out-of service violations (SMS/CSA Reports) □ Incentives for violation-free and accident-free driving
	□ Periodic review of accidents/incidents □ Incentives for violation-free and accident-free driving □ Formal corrective action procedures
	☐ Priver safety training
3.	Do you adhere to a written vehicle inspection and maintenance program? \(\begin{array}{c} \Delta\) Yes \(\begin{array}{c} \Delta\) No
	If yes, describe or attach program.
4.	How often do you replace your equipment?
5.	Do you have any type of theft avoidance policies? \(\begin{array}{c} \Delta \text{ Yes} \\ \Delta \text{ No} \\ \end{array}\)
	If ves. describe or attach policy.
6.	
	If yes, describe:
7.	
	If yes: ☐ Full Time ☐ Part Time # Years with Company:
CO	VERAGES
	AUTO LIABILITY Limits: \$ CSL
	LIABILITY FOR NON-TRUCKING USE Limits: \$ CSL
	Leased to:
	EMPLOYERS NONOWNERSHIP LIABILITY Number of Employees
	HIRED AUTO LIABILITY Cost of Hire
	MEDICAL PAYMENTS Limits
	REPORTING BASIS: ☐ Revenue ☐ Mileage ☐ Units
	DEDUCTIBLE REIMBURSEMENT Complete and Attach Supplement
	TRAILER INTERCHANGE Provide a Copy of Agreement
;	# of Power Units Under Agreement: Maximum Trailer Value:
	# Trailer Days per Power Unit:
	YSICAL DAMAGE DEDUCTIBLES
	Comprehensive OR
	Collision
	HIRED AUTO PHYSICAL DAMAGE Complete and Attach Supplement
	CARGO Limit Deductible
	TIONAL CARGO COVERAGES: (Check all that apply)
	Temperature Control ☐ Electronics ☐ Hired Auto Cargo
	Aluminum, Copper
	Additional Earned Freight Increase Limit to \$5,000 Pharmaceuticals MBINED DEDUCTIBLE RENTAL REIMBURSEMENT
	verage included unless declined.
	Decline Combined Deductible Amount Per Day: Days of Coverage: □ 30 □ 120
	IINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS – Quoting Purposes Only
	insured Motorist Limits:
	insured Motorist (Includes Underinsured Motorist) Limits:
rei	rsonal Injury Protection Limits:
Co	verage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company
	polemental Unincured Materiat/Underingured Materiat and Dergand Injury Protection Application (s) must be completed

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorist/Underinsured Motorist and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.

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.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

lowa, Illinois, New Mexico, Oregon, Washington and Wisconsin: The signing of this application does not bind the company to offer, nor the applicant to purchase, the insurance. It is agreed that this application, including any material submitted in conjunction with the application or any renewal, shall be the basis of the insurance and shall be considered physically attached to and part of the policy issued. The company will have relied upon this application, including any material submitted therewith, in issuing the policy.

FRAUD STATEMENTS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

LOUISIANA, MAINE, TENNESSEE, AND WASHINGTON: 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.

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. The 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.

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. 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.

State Notices:

South Carolina: The insurer can cancel to That is the insurer's choice. After the first state of the control	his policy for which you are applyin	g without cause during the first 90 days.
APPLICANT'S SIGNATURE	DATE	APPLICANT'S TITLE
APPLICANT'S PRINTED NAME		
PRODUCER'S SIGNATURE	PHONE #	FAX #
California: (Must be checked, if applica ☐ Pursuant to California Insurance Code sinsurance broker. Broker License Nur	ection 1623, I acknowledge that I a	am submitting this application as a license