



TRUCK FLEET APPLICATION
11 or More 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

E-Mail Address

Garaging Address (if different)

City State ZIP Code

Tax ID: Federal ID # or SS # U.S. DOT # MC # Yrs. Applicant has been Operating Under Business Name

Safety Contact Person Name Contact's Phone

Safety E-Mail Address

OWNER / PRINCIPAL

Name (First, Middle, Last) Yrs. Experience in Trucking

SS # of Owner Home Address Apt. #

City State ZIP Code Business Phone

DESCRIPTION OF OPERATIONS

Type of Operation: For Hire Not For Hire Non-Trucking Private

Do you engage in operations other than trucking? Yes No

If yes, explain:

Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years? Yes No

If yes, provide details:

Range of Transport

Interstate Intrastate

Percent of Loads: 0 - 100 Miles 101 - 300 Miles 301 - 500 Miles 501 Miles +

Longest Trip One Way: Miles

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

- Atlanta Cleveland Jacksonville Milwaukee Orlando Salt Lake City
Balt-Washington Dallas/Ft. Worth Kansas City Mpls./St. Paul Philadelphia San Diego
Boston Denver Little Rock Nashville Phoenix San Francisco
Buffalo Detroit Los Angeles New Orleans Pittsburgh Seattle
Charlotte Hartford Louisville New York City Portland Tampa
Chicago Houston Memphis Oklahoma City Richmond Tulsa
Cincinnati Indianapolis Miami Omaha St. Louis

Cities other than above or regular routes

Percent of regular routes

**Commodities Hauled (Check all that apply.)**

- Refuse/Waste/Garbage
- Hazardous Materials requiring \$1,000,000 liability limits or less
- Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)

**COMMODITIES TRANSPORTED**

Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

List major shippers you haul for: \_\_\_\_\_

**YES NO**

- 1. Are filings required? If yes, complete **Filing Information** form.
- 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?  
If yes, attach copy of agreement and provide:  
Brokerage Name: \_\_\_\_\_ MC #: \_\_\_\_\_  
Annual Brokerage Revenue: \$ \_\_\_\_\_
- 3. Is all equipment operated under the applicant's authority scheduled on the application?  
a. If no, attach explanation.  
b. Indicate % of loads brokered to you by others: \_\_\_\_\_
- 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?
- 6. Do other motor carriers or owner-operators haul for you?  
c. If yes, who must provide primary liability coverage?  You  Lessee

**If yes, complete questions below, complete Hired Autos Application Supplement and attach copy of lease agreement.** If no, skip to question #7.

A. Name on the Bill of Lading: <input type="checkbox"/> Yours <input type="checkbox"/> Others	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/Trip Basis
B. On what basis are they leased?	_____	_____
C. Provide annual cost of hire or # of trips	_____	_____
D. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are leased vehicles included in this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of Liability required	\$ _____	\$ _____
c. Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 7. Do you pull doubles?  Yes  No Triples?  Yes  No
- 8. Do you haul intermodal containers?
- 9. Is any portion of your operation seasonal? If yes, explain. \_\_\_\_\_
- 10. Do you use any team, hot seat, slip seating or relay driver operations?
- 11. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

<b>Yes</b>	<b>No</b>																	
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you operate more than one terminal? If yes, provide the following:																
		<table border="1"> <thead> <tr> <th>Location(s)</th> <th># Units</th> <th>Max. Equip. Value</th> <th>Address, City, State</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Location(s)	# Units	Max. Equip. Value	Address, City, State												
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<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 cargo a total loss regardless of actual damage in the event of a loss? If yes, attach a copy of the contract.																
<input type="checkbox"/>	<input type="checkbox"/>	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 Mobile Equipment Supplement.																
<input type="checkbox"/>	<input type="checkbox"/>	15. Do you require use of escort vehicles? If yes and escort vehicles are <b>not included</b> in this application for insurance, provide the name of the insurance carrier, policy number and auto liability and general liability limits. If yes and escort vehicles are <b>included</b> in this application, drivers of escort vehicles should be listed in the Driver Information section.																
<input type="checkbox"/>	<input type="checkbox"/>	16. Do you haul over size, over weight loads? If yes, explain below or attach explanation. _____																
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you haul to/from well drilling sites? If yes: a. List commodities hauled: _____ b. Percent of loads these commodities represent for your business: _____																
<input type="checkbox"/>	<input type="checkbox"/>	18. Do you haul to/from mines? a. List commodities hauled: _____ b. Percent of loads these commodities represent for your business: _____																

**SCHEDULE OF EQUIPMENT OPERATED**

Provide a schedule of equipment to include Make, Year, Type\*, VIN Number, GVW, Stated Limit, Radius of Operation, Ownership Status and Additional Interest information. Refer to Legends below.

The Stated Limit 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.

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

To ensure Electronics (as defined by the policy), along with tarps, chains or binders are covered, include the value in each auto's stated value.

**Ownership Legend**

- 1 – Owned
- 2 – Leased Without Driver
- 3 – Employee Owned
- 4 – Leased w/ Driver Incl. Non-Trucking
- 5 – Leased w/ Driver Excl. Non-Trucking

**\*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 – Additional Insured
- LI – Leased with Driver Including Non-Trucking
- AL – Lessor; Additional Insured and Loss Payee
- LX – Leased with Driver Excluding Non-Trucking
- LP – Loss Payee

**UNITS REVENUE AND MILEAGE - Actual and Estimated**

	Period	Units	Revenue	Mileage
Projected				
Current				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				
3 <sup>rd</sup> Prior				
4 <sup>th</sup> Prior				

**SUMMARY OF EQUIPMENT VALUES**

Total Value	No. of Units	Average Value
Fleet		
Tractor		
Trailer		

**INSURANCE HISTORY & LOSS EXPERIENCE - Provide the following insurance and loss information for the past 3 years.**

- Has an insurance company cancelled or non-renewed your policy in the last 3 years?  
**(Missouri Applicants – Do not answer this question.)**  
 Yes  No If yes, explain: \_\_\_\_\_
- Prior years insurance under business name with: Primary Auto Liability: \_\_\_\_\_  
 Non-Trucking Auto Liability: \_\_\_\_\_
- Indicate other company name(s) you have operated under in the last 3 years:  
 Company Names: \_\_\_\_\_  
 Insurance Provider(s): \_\_\_\_\_

**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.

Coverage Type\*: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab. GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
to					
to					
to					

**LOSS HISTORY – Past 3 Years (including Drivers no longer employed)**

Driver Name (Last, First, Middle)	Date of Accident	Amount of Accident	Description

**DRIVER INFORMATION**

Provide a list of drivers that includes the Driver's Name, DOB, License Number & State, Social Security Number, Date of Hire, and Years of Driving Experience.

- Truck Fleet - No. of drivers: Regularly Employed \_\_\_\_\_ Part Time \_\_\_\_\_ Owner/Operator \_\_\_\_\_  
 Leased \_\_\_\_\_ Casual \_\_\_\_\_ TOTAL \_\_\_\_\_
- How are drivers paid?  Hourly  Trip  Mileage  Other
- Drivers Hired or Leased Last Year  

	<b>Company Drivers</b>	<b>Leased Owners/Operators</b>
a. Number replaced _____	_____	_____
b. Number increased _____	_____	_____
c. Age _____	Min. _____ Max. _____	Min. _____ Max. _____

**DRIVER HIRING, TRAINING AND SAFETY**

- 1. Which of the following is part of your driver screening/hiring process:
- Employment background check
- Criminal background check
- Motor vehicle record (MVR) review
- Pre-employment drug test
- Road test
- 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)
- Periodic review of driver and vehicle out-of service violations (SMS/CSA Reports)
- Periodic review of accidents/incidents
- Review of electronic vehicle driver performance data (telematics)
- Incentives for violation-free and accident-free driving
- Formal corrective action procedures
- Driver safety training
3. Do you adhere to a written vehicle inspection and maintenance program?
4. How often do you replace your equipment?
5. Do you have any type of theft avoidance policies?
6. Do you use any of the anti-theft devices to track equipment?
7. Do you have a Safety Director?
# Years with Company:

**COVERAGES**

- 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:

**PHYSICAL DAMAGE DEDUCTIBLES**

- Comprehensive OR Specified Causes of Loss
Collision

- HIRED AUTO PHYSICAL DAMAGE Complete and Attach Supplement

- CARGO Limit Deductible

**OPTIONAL CARGO COVERAGES: (Check all that apply)**

- Temperature Control Electronics Hired Auto Cargo
Aluminum, Copper Hard Liquor Cost of Hire:
Additional Earned Freight Increase Limit to \$5,000 Pharmaceuticals

**COMBINED DEDUCTIBLE**

- Coverage included unless declined.
Decline Combined Deductible

**RENTAL REIMBURSEMENT**

- Selected Units OR All Units
Amount Per Day: Days of Coverage: 30 120

**UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS – Quoting Purposes Only**

- Uninsured Motorist Limits:
Uninsured Motorist (Includes Underinsured Motorist) Limits:
Personal Injury Protection Limits:

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.

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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.

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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.

**Iowa, 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.

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## 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.

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## 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:**

**Montana:** A single loss is among the insurance company's criteria for nonrenewal.

**South Carolina:** The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.

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APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

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APPLICANT'S PRINTED NAME

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PRODUCER'S SIGNATURE

PHONE #

FAX #

**California: (Must be checked, if applicable)**

Pursuant to California Insurance Code section 1623, I acknowledge that I am submitting this application as a licensed insurance broker. Broker License Number \_\_\_\_\_

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