



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

- | | | | | | |
|--|---|---------------------------------------|---|---------------------------------------|---|
| <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 | <input type="checkbox"/> _____ |

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?
c. If yes, who must provide primary liability coverage? 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 of lease agreement. If no, skip to question #7.
A. Name on the Bill of Lading: Yours Others
B. On what basis are they leased?

| | <input type="checkbox"/> Permanent Basis | <input type="checkbox"/> Temporary/Trip Basis |
|--|--|--|
| 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.

| Yes | No | | | | |
|--------------------------|--------------------------|---|----------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you operate more than one terminal? If yes, provide the following: | | | |
| | | Location(s) | # Units | Max. Equip. Value | Address, City, State |
| | | | | | |
| | | | | | |
| <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 not included 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 included 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 3 – Employee Owned 4 – Leased w/ Driver Incl. Non-Trucking
2 – Leased Without Driver 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 AL – Lessor; Additional Insured and Loss Payee LP – Loss Payee
LI – Leased with Driver Including Non-Trucking LX – Leased with Driver Excluding Non-Trucking

UNITS REVENUE AND MILEAGE - Actual and Estimated

| | Period | Units | Revenue | Mileage |
|-----------------------|--------|-------|---------|---------|
| Projected | | | | |
| Current | | | | |
| 1 st Prior | | | | |
| 2 nd Prior | | | | |
| 3 rd Prior | | | | |
| 4 th 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

| | | |
|---------------------------|------------------------|--------------------------------|
| | Company Drivers | Leased Owners/Operators |
| 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.

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.

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.

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:

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.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

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 _____
