



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 _____

Website Address _____

Garaging Address
(if different)

City _____ State _____ ZIP Code _____

Yrs. Applicant has been Operating Under Business Name _____ U.S. DOT # _____ MC # _____

Do you operate more than one terminal? ☐ Yes ☐ No If yes, provide the following:

Location(s)	# Units	Address, City, State

Safety Contact Person Name _____ Contact's Phone _____

Safety E-Mail Address _____

OWNER/PRINCIPAL

Owner 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
☐ Other: _____

1. Do you engage in operations other than trucking? ☐ Yes ☐ No

If yes, explain: _____

2. 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: _____

Commodities Hauled (Check all that apply)

☐ Intermodal Containers ☐ Hazardous Materials requiring \$1,000,000 Liability limits or less
☐ Refuse/Waste/Garbage ☐ Hazardous Materials requiring Liability limits higher than \$1,000,000

Explain: _____

Commodity	% of Loads	Max. Value	Commodity	% of Loads	Max. Value

Range of Transport
☐ Interstate ☐ Intrastate
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"/> 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"/> Phoenix	<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"/> Pittsburgh	<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"/> Portland	<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"/> Richmond	<input type="checkbox"/> Tulsa
<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		

Cities other than above or regular routes: _____

Percent of Loads:

DE and MD policies:	0 - 100 Miles _____	101 Miles + _____
ME and VT policies:	0 - 200 Miles _____	201 Miles + _____
All other states:	0 - 75 Miles _____	76 - 300 Miles _____ 301 Miles + _____

Longest Trip One Way: _____ Miles
Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are filings required? If yes, complete Filing Information form. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others in your name or a different name? If yes, Brokerage Name: _____
MC # _____ Annual Brokerage Revenue _____
Indicate % of loads brokered by you to others: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In circumstances where you are unable to accept a load (i.e. high capacity, unit down, etc.) do you hand off/refer loads to others? If yes: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Is your name on the bill of lading or shipping documents? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do you obtain payment/financial gain from loads referred to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Is there a written agreement? If yes, attach a copy. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Indicate % of loads referred: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is all equipment operated under the applicant's authority scheduled on the application?
If no, explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is all owned equipment scheduled on this application?
If no, explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. a. Do you lease your power units to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do you lease your trailers to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. If yes, who must provide primary liability coverage? <input type="checkbox"/> You <input type="checkbox"/> Lessee |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. 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 #8.

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
(3) Do you require Owner Operators to purchase Workers Compensation or Occupational Accident coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yes No

- ☐ ☐ 8. Do you pull doubles or triples?
- ☐ ☐ 9. Do you engage in any residential deliveries?
If yes, explain: _____
- ☐ ☐ 10. Is any portion of your operation seasonal? If yes, explain: _____
- ☐ ☐ 11. a. Do you use any team, hot seat, slip seating or relay driver operations?
- ☐ ☐ b. Do you use owner operators as part of team driving?
- ☐ ☐ 12. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
- ☐ ☐ 13. 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.
- ☐ ☐ 14. 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 limits.
If yes and the escort vehicles are **included** in this application, drivers of escort vehicles should be listed in the Driver information section.
- ☐ ☐ 15. Do you haul over size, over weight loads?
If yes, explain: _____
- ☐ ☐ 16. Do you haul to/from well drilling sites or mines? If yes:
a. List commodities hauled: _____
b. Percent of loads these commodities represent for your business: _____

DRIVER INFORMATION

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

1. Truck Fleet - No. of drivers: Regularly Employed _____ Part Time _____ Owner/Operator _____
Leased _____ Casual _____ TOTAL _____
- How are drivers paid? ☐ Hourly ☐ Trip ☐ Mileage ☐ Other
2. Drivers Hired or Leased Last Year **Company Drivers** **Leased Owners/Operators**
- a. Number replaced: _____
- b. Number increased: _____
- c. Age requirement: 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 ☐ 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 driver data (telematics)
☐ Periodic review of driver and vehicle out-of service violations ☐ Incentives for violation-free and accident-free driving
☐ Periodic review of accidents/incidents ☐ Formal corrective action procedures
☐ Driver safety training
3. Do you adhere to a written vehicle inspection and maintenance program? ☐ Yes ☐ No
If yes, explain or attach program. _____
4. Are your trucks equipped with technology that enables platooning, semi-autonomous, autonomous operations, or other similar operations? ☐ Yes ☐ No
If yes, explain: _____
5. How often do you replace your equipment? _____
6. Do you have any type of theft avoidance policies? ☐ Yes ☐ No
If yes, explain or attach policy. _____
7. Do you use any of the anti-theft devices to track equipment? ☐ Yes ☐ No
If yes, explain: _____
8. Do you have a Safety Director? ☐ Yes ☐ No
If yes: ☐ Full Time ☐ Part Time # Years with Company: _____

UNITS REVENUE AND MILEAGE - Actual and Estimated

	Period	Units	Revenue Per Unit	Mileage Per Unit	Total Revenue	Total Mileage
Projected						
Current						
1st Prior						
2nd Prior						
3rd Prior						
4th Prior						

INSURANCE HISTORY AND LOSS EXPERIENCE

1. 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: _____

2. Prior years insurance under business name with: Primary Auto Liability: _____

Non-Trucking Auto Liability: _____

3. List the corporation, LLC or trade name along with MC and DOT numbers you (or if the insured is an LLC or corporation, its principals) have done business under in the past 3 years:

Company Names and MC and DOT numbers: _____

Insurance Provider(s): _____

EXPERIENCE INFORMATION - Provide 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 as required.

***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					
to					
to					

SCHEDULE OF EQUIPMENT OPERATED

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

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.

Finance Value Coverage - The Stated Limit of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Finance 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							

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	TAL - Tanker LPG
CON - Container (Intermodal)	HOP - Hopper/Grain	SEM - Semi Trailer	TAP - Tanker Pneumatic/Dry Bulk
CUS - Curtain Side	LWF - Live/Walking/Floor	SRT - Showroom Trailer	TAO - Tanker-Other
DOL - Dolly, Con Gear	LIV - Livestock	TAN - Tandem	NOC - Trailers Not Otherwise Classified
DRP - Drop Deck, Gooseneck	LOG - Log	TAT - Tank Trailer	TRC - Tractors
DPS - Dump Side	LOW - Lowboy	TAA - Tanker Asphalt/Hot Oil	TRK - Trucks
DPB - Dump Trailer (Bottom)	MEQ - Mobile Equipment	TAC - Tanker Chemical/Acid	VAD - Van Trailer (Dry)
DPE - Dump Trailer (End)	PUL - Pull Trailer	TAG - Tanker Gasoline/Fuel	REF - Van Trailer (Temp Control)

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

COVERAGES

☐ AUTO LIABILITY Limits: _____ CSL Deductible: _____
☐ BASKET DEDUCTIBLE _____
☐ LIABILITY FOR NON-TRUCKING USE Limits: _____ CSL
Leased to: _____
☐ 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 Per Year: _____ Deductible: _____

PHYSICAL DAMAGE DEDUCTIBLES

☐ Comprehensive _____ OR ☐ Specified Causes of Loss _____
☐ Collision _____

☐ HIRED AUTO PHYSICAL DAMAGE *Complete and Attach Supplement*

☐ CARGO Limits: _____ 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

Days of Coverage:

Amount Per Day: _____

☐ 30 ☐ 120

☐ GENERAL LIABILITY *Complete and Attach GL Application Supplement*

UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS - Quoting Purposes Only

☐ UNINSURED MOTORISTS Limits: _____
☐ UNDERINSURED MOTORISTS Limits: _____
☐ PERSONAL INJURY PROTECTION Limits: _____

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorists/Underinsured Motorists 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:

https://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

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, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this 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 this 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

ARKANSAS, MARYLAND, and NEW MEXICO: 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.

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 may include imprisonment, fines, and denial of insurance benefits.

OKLAHOMA: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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 #