

**SOUTHERN COUNTY MUTUAL
INSURANCE COMPANY**Service Address:
385 Washington Street, St. Paul, MN 55102**TEXAS
TRUCK APPLICATION
1-10 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 # Yrs. Applicant has been Operating Under Business Name

Safety Contact Person Name Contact's Phone

Safety E-Mail Address

OWNER/PRINCIPAL

Owner Name (First, Middle, Last)

SS # of Owner Home Address Apt. #

City State ZIP Code Business Phone

DESCRIPTION OF OPERATIONS

Type of Operation

☐ For Hire ☐ Private ☐ Non-Trucking ☐ Other:**Commodity (Check any that apply)**☐ 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**Operations Less than 300 Mile Radius - List City Destinations Below**

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: _____

Longest Trip One Way: _____ Miles

Yes No

- ☐ ☐ 1. Are filings required? If yes, complete **Filing Information** form. MC # _____
- ☐ ☐ 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?
If yes, 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 by you to others: _____
- ☐ ☐ 4. Is all owned equipment scheduled on this application? If no, attach explanation.
- ☐ ☐ 5. Do you lease your vehicles to others?
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.
- ☐ ☐ 12. Do you operate more than one terminal? If yes, provide the following:

Location(s)	# Units	Address, City, State

Yes No

- ☐ ☐ 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 yes, attach a copy of the contract.
- ☐ ☐ 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.
- ☐ ☐ 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 limits.
If yes and the escort vehicles are **included** in this application, drivers of escort vehicles should be listed in the Driver information section.
- ☐ ☐ 16. Do you haul over size, over weight loads? If yes, attach explanation.

Use N-3077 if additional space is needed for Driver Information, Insurance History, Schedule of Autos or Additional Interests.

DRIVER INFORMATION

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	Past 3 Years		
						# Violations/ Minor	# Major	# Accidents

DRIVER LOSS HISTORY - Past 3 Years

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

DRIVER EMPLOYMENT HISTORY

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

DRIVER HIRING, TRAINING AND SAFETY

- Which of the following is part of your driver screening/hiring process:

<input type="checkbox"/> Employment background check	<input type="checkbox"/> Pre-employment drug test
<input type="checkbox"/> Criminal background check	<input type="checkbox"/> Road test
<input type="checkbox"/> Motor vehicle record (MVR) review	<input type="checkbox"/> Pre-employment Screening Program (PSP) Report from FMCSA
- Which of the following is part of your driver performance management process:

<input type="checkbox"/> Annual review of driver's driving record (MVR)	<input type="checkbox"/> Review of electronic engine data
<input type="checkbox"/> Periodic review of driver and vehicle out-of service violations (SafeStat/CSA Reports)	<input type="checkbox"/> Incentives for violation-free and accident-free driving
<input type="checkbox"/> Periodic review of accidents/incidents	<input type="checkbox"/> Formal corrective action procedures
	<input type="checkbox"/> Driver safety training
- Do you adhere to a written vehicle inspection and maintenance program? ☐ Yes ☐ No
If yes, describe or attach program: _____

	Units	Revenue Per Unit	Mileage Per Unit	Total Revenue	Total Mileage	
Past 12 Months						
Next 12 Months						

1. Has an insurance company cancelled or non renewed your policy in the last 3 years?
☐ Yes ☐ No If yes, explain: _____
2. Prior years insurance under business name:
Primary Auto Liability:_____ Non-Trucking Auto Liability: _____
Physical Damage: _____ Cargo: _____
3. Indicate other company name(s) you have operated under in the last 3 years:
Company Names: _____
Insurance Provider(s): _____
4. Provide 3 years Prior Carrier Information. Hard copy loss runs must be provided for risks with 5 or more power units.

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses	Loss Amount	Driver Involved in Loss

All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 10 power units, form N-2379 TX, Texas Fleet Application, must be completed.

FINANCED 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 Financed Value Coverage to apply.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit
GVW/GCW				Radius	Owner's Name	

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	

AI Type* AI - Additional Insured LP - Loss Payee LE - Employee as Lessor AL - Lessor-Additional Insured and Loss Payee

Unit #	AI Type*	Name	Address	City	State	ZIP Code

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

☐ DELUXE

COVERAGE

ENDORSEMENT

UNINSURED / UNDERINSURED MOTORISTS

- ☐ UNINSURED MOTORIST AND UNDERINSURED MOTORIST _____

Coverage and limit choices in this section are for quoting purposes only. A separate Supplemental Uninsured Motorists / Underinsured Motorists Application must be completed and signed by the applicant when binding coverage.

PERSONAL INJURY PROTECTION

Personal Injury Protection Coverage in the amount of \$2,505 is automatically included on all autos unless a signed rejection of coverage is received (N-3592) or an amount higher than \$2,505 is selected.

Optional PIP Limit: \$ _____

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.

*For Texas Policyholders, Auto Coverage is written through Southern County Mutual Insurance Company.

TEXAS DISCLOSURE STATEMENT

I, _____, the Producing Agent, am a general lines agent licensed by the Texas Department of Insurance. However, I am not authorized to bind coverage or to execute or issue a policy for the coverage you are seeking in this application. Another licensed agent appointed by Southern County Mutual Insurance Company will perform these activities. In preparing your application, collecting and remitting premium and delivering any policy or endorsement associated with your coverage, I am considered to be your agent and not the agent of Southern County Mutual Insurance Company for any purpose.

PRODUCER'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

SIGNATURES

I authorize Southern County Mutual Insurance Company 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.

As a member policyholder, I agree to be bound by the Constitution and By-Laws of Southern County Mutual Insurance Company (SCM), a non-assessable mutual company. I authorize the President of SCM and his successors, to act as my proxy and attorney-in-fact in exercising voting privileges at any membership meeting during the term of this policy and any renewal or replacement policy.

APPLICANT'S SIGNATURE _____

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. Your 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 the underwriting insurer 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.

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. I certify that I understand the rates for this coverage are higher than normal, and that they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market. **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.** 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

DATE

APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE

PHONE #

FAX #