

## NEW YORK TRUCK - APPLICATION

New England Excess Exchange, Ltd. P O Box 219 ~ Montpelier, VT 05601 800-548-4301 or Fax 800-347-4935

Entire application must be completed and signed

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	AL II	NFORMA	IION	Individual	☐ Corporation	☐ Partne	•	☐ LI		Other	Niis a m		
Name						Fe	ederai il	D # or SS	SIN	U.S. DOT	Number		
Mailing A	ddres	SS								ucking Industry ating Under Business Name			
City			State	Zip	E-Mail			Date Co FROM	overage D	Desired:			
Garaging	Loca	ation(s) if d	ifferent:	•	City		State	Zi	р	Phone (	-		
Loss Con Name:	itrol S	Services Co	ontact Perso	on:	l		Phone N	Number:					
	PTIC	ON OF OF	PERATION	IS 🗆 F	Phone Number:  S □ For Hire □ Private □ Non-Trucking □ Other (explain)								
Range of	f Trai	nsport	Commo	dity (check a	ty (check all that apply)								
	Inters	tate		erty (nonhaza		Refus			ge				
	ntras	tate			als requiring \$1,000,0								
			☐ Haza	rdous Materia	als requiring liability li	mits in exce	ss of \$	1,000,00	0 (if check	ed, attach ex	planation)		
1			OPERA 2		IONS LESS THAN 100 MILE RADIUS - List City Destinations Below   3   4								
		PERATIC	NS BEYO	ND 100 MII F	RADIUS: Identify	Metropoli	tan Ar	eas Tra	veled T	hrough O	r Into		
□ Atlanta		J. 2.04110	☐ Clevela		☐ Jacksonville	□ Milw			Philade		☐ San Diego		
■ BaltW		ngton	☐ Dallas/F	t. Worth	Kansas City	■ MpIs		aul 🗆	Phoenix	Ċ	☐ San Francisco		
Boston			Denver		☐ Little Rock	□ Nash			Pittsbur		☐ Seattle		
☐ Buffalo			☐ Detroit	•	Los Angeles	☐ New			Portland		☐ Tulsa		
☐ Charlo			☐ Hartford ☐ Houston		<ul><li>Louisville</li><li>Memphis</li></ul>	☐ New ☐ Okla		ity ∟	Richmo St. Loui				
☐ Cincag			☐ Indiana		☐ Miami	☐ Okia			Salt Lal				
			r regular ro		- Milanii	_ 01110		_	• Ouit Lui	to Oity	_		
			-		ite 0-100 %	Long H	aul 101:	+	%				
What percentage of loads are: Local/Intermediate 0-100% Long Haul 101+%  What is the longest one way trip in miles? Miles													
COMMODITIES TRANSPORTED													
		.9001 0.110	vay and arm	i		RANSPOR	TED		ı	D	1		
		ommodity	vay arp arra	Percent of Loads		RANSPOR	TED Comm	odity		Percent of Loads	Maximum Value		
			vay aip iii ii	Percent	COMMODITIES T	RANSPOR		odity			Maximum Value		
			vay arp arri	Percent	COMMODITIES T	RANSPOR		odity			Maximum Value		
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DBI//E	B INE	ORMAT	ION	M	et he co	mnl	ated for all	drivo	re									
DRIVER INFORMATION			Must be completed for all				# Yrs.						Nur	mber Vid	olation	#		
Date of Birth		Date of							Driving	,	Data	_ Pa		st 3 Years		Past Yr.	Accid	
		BIRN				imber	Sta	ite	Similar Equip.		Date of Hire						Last	
													# Min	or	# Maj	or	# Minor	3
																		Year s
DRIVE	REM	PLOYMI	ENT HISTO	DRY	en	nploy	nave not had ment history mployed" un	/ for ea	ach driv	ver. (U:	se fo	rm TF-0	79 for additi	ne, p ona	provide I driver	three	years o not ind	icate
	Driver						or Employme				isura	ince in y	our name.		Dates	of	Type of Unit	
	Dilvei					FII	or Employme	πατ	JII Addit	C55				E	Employment		Type of Unit	
							river Information		surance	e Histor	y, Scl	hedule c	of Autos or Lie	enho	older info	ormat	ion.	
UNIT	REVEN		D MILEAG			ual a	nd Estimated	d.									1	
		Р	eriod		Units					Re	venu	ıe				Mileage		
Project	ed																	
Current																		
			RY & LOS									Busines						
HAS A □ Yes			es, explain.		CANC	ELE	D OR NO	NREN	IEWE	D YOU	JR F	POLIC	YINTHE	LAS	STIH	REE	YEAR	<b>5</b> ?
					Type:	İ				Ì								
FRO	ТО	Ins	urance	P = P C = C	hy. Dama argo	ge	Policy		#			losses			#	Amo		iver(s) volved
M Mo/Yr	Mo/Yr		mpany	I = Pr	= Prim. Liability N = Non-Trk. Liab.		Number		Units Insured		policy term?							Loss
1				IN = IN	IOTI-TTK. LI	ab.						No D	Yes, then					
													Yes, then					
						All	units you ov	wn or	aro loas	end to y			Yes, then	nd i	incurad	if fili	nge are t	n ha
SCHE	DULE	OF AUT	OS TO BE	INS	URED	ma	ade. If you haust be compl	ave m	ore that	n 10 po	wer	units, fo	orm N-2379 N	IY, N	New Yo	rk Fle	et Applic	ation,
<sub>N</sub>	lodel				Trailer					Aux. Run.		GVW/	Stated		Max.		O	Nlaw
No.	<b>Year</b>	Tra	ade Name		Type*		VIN	1		Lamp	) (	GCW	Value		Radius	5	Owner's	Name
1						1				(Y/N)	'			$\dashv$		-		
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2										1	-			$\dashv$		-		
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4																		
*Traile		<u>Legen</u>	<b>d</b> DB – Dum	n Dall	.,	1	IP – Hopper/C	Proin		1.0	– Log	<u> </u>	Τ.	т.	ankar ^	onhol	t/Hot Oil	
CS – Ci		•	DE – Dum	p End			C – Hopper/C C – Intermoda		ainer	LB	– Lov	wboy			anker A anker C			
DL – Dolly DS – Dump Side DV – Dry Van FB – Flat Bed							W – Live/Wal		loor		– Pu				anker C		ne/Fuel	
Dv – Dr	y van		rb – Flat i	oea		L	V – Livestock			KF	- Ree	eieľ			anker LI anker P		atic/Dry E	Bulk
					T		\/ \						TC	) – T	anker -	Other	,	
FINAN	ICED V	/ALUE	COVERAG	Ε			Value of each order for the							tand	ing fina	ncial	obligation	tor
LIENHOLDER INFORMATION					and a	- (U III	5,40, 10, 116	· man	Ju vait		ugu	.c uppi)	•					
Auto #			Name					Addr	Address				City		State Z			Code
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COVERAGES							
☐ AUTO LIABILITY	□ EN	MPLOYERS NONC	WNERSHIP	LIABILITY (#	of employees	)	
☐ LIABILITY FOR NONT <b>LIMITS:</b> ☐ Combined Sir	RUCKING L nale Limit (Bl	JSE   Leased to: /PD)  \$	CSI				
☐ Split Limits B	I \$	_ per person	\$	per accide	nt PD \$	€	each accident
☐ HIRED AUTO LIABILI	TY						T
DEDUCTIBLE REIMBU				R INTERCHAN			☐ DELUXE
☐ Liability ☐ Physica	al Damage	☐ Cargo	(Includin	g copy of agre	eement) # trailer o	lave	COVERAGE ENDORSEMENT
PHYSICAL DAMAGE		☐ CARGO	Waxiiiiaiii t		DEDUCTIBLE		REIMBURSEMENT
Deductibles:		Limit ¢			cluded unless		ed Units
☐ Comprehensive OR	\$	Doductible ¢		declined.	0.000		Day \$
☐ Specified Perils☐ Collision	\$ \$	☐ Decline Hired	Auto Cargo	☐ Decline			verage: □30 □120
	•	Expanded Ref	rigeration		<b>.</b>		
UNINSURED/UNDERI	NSURED N	MOTORIST AND	NO-FAULT	OPTIONS			
☐ Uninsured Motorist		Limits:					
☐ Underinsured Motor	ist	Limits:					
☐ Medical Payments		Limits:					
☐ Personal Injury Prote	ection	Limits:					
On the second se							0
Coverage and limit cho Supplemental Uninsure							
must be completed and					s, and reisonal	injury r rot	ection Application(s)
SIGNATURES			· · · · · · · · · · · · · · · · · · ·				
I authorize Northland II	neuranco C	ompanios to obta	in a conv of	any Motor V	/ohiolo Poport fo	or rating/un	donwriting the
insurance for which I h	ave applied	l. I also understa	nd that a ro	utine inquiry	mav be made p	roviding inf	ormation concerning
my character, general	reputation,	personal characte	eristics and	mode of livin	ig. Úpon written	request, ir	nformation as to the
nature and scope of th	e report will	be provided to m	ie.				
Disclosure: In connec	ction with th	is application for	commercia	automobile	insurance, we m	nay review	a credit report or
obtain or use a credit-b party in connection with	pased insura	ance score based	d on the info	rmation cont	ained in that cre	dit report.	We may use a third
be used for any purpos	se other tha	n the underwriting	g of the con	nmercial auto	mobile insurance	e policy fo	r which you have
applied.		·	5			, ,	,
Under no circumstan	ces can the	e credit-based ir	surance s	core, the lac	k thereof. or th	e refusal t	o authorize the
obtaining of a credit	report or a	credit-based ins	surance sc	ore be a fact	tor in determini	ng your el	igibility for
commercial automob	ile insuran	ce, including ca	ncellation	or nonrenew	val, if a policy is	s ultimatel	y issued.
I authorize Northland II	nsurance C	ompanies to obta	in a credit r	eport, includi	ing but not limite	d to a cred	it-based insurance
score based on persor	nal informati	on provided. Thi	s authorizat	ion is valid fo	or future reports	obtained for	or renewal policies
with Northland Insuran	ce Compan	iles.					
Any person who know	wingly and	with intent to d	efraud any	insurance c	ompany or oth	er person	files an application
for commercial insurant any materially false in	ance or a s	tatement of clai	m for any c	ommercial o	or personal ins	urance be	nefits containing
material thereto, and							
assists, abets, solicit	s or consp	ires with anothe	er to make a	a false repoi	rt of the theft, d	estruction	i, damage or
conversion of any mo	otor vehicle fraudulont	e to a law enforc	ement age	ncy, the dep	partment of mot	or vehicle	s or an insurance
exceed five thousand	l dollars an	in the value of th	ne subject i	notor vehic	le or stated clai	im for eacl	n violation. By
signing below, I affirm	full knowled	lge of and adhere	ence to curre	ent D.O.T. Sa	afety Regulation	s, and here	eby apply for
insurance with respect	to the cove	erage stated here	n.				
APPLICANT'S SIGNATURE			DA	 .TE		APPLICA	NT'S TITLE
			3,			· ••	
APPLICANT'S PRINTED NA	AME						
PRODUCER'S SIGNATURE							

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