



# 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

<b>GENERAL INFORMATION</b>		<input type="checkbox"/> Individual		<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> LLC		<input type="checkbox"/> Other _____																																																																																																																																																																																															
Name						Federal ID # or SSN			U.S. DOT Number																																																																																																																																																																																																
Mailing Address						Yrs. In Trucking Industry _____			Yrs. Operating Under Business Name _____																																																																																																																																																																																																
City		State		Zip		E-Mail		Date Coverage Desired: FROM _____ TO _____																																																																																																																																																																																																	
Garaging Location(s) if different:				City		State		Zip		Phone (____) _____																																																																																																																																																																																															
Loss Control Services Contact Person: Name: _____						Phone Number: _____																																																																																																																																																																																																			
<b>DESCRIPTION OF OPERATIONS</b>		<input type="checkbox"/> For Hire		<input type="checkbox"/> Private		<input type="checkbox"/> Non-Trucking		<input type="checkbox"/> Other (explain) _____																																																																																																																																																																																																	
<b>Range of Transport</b>		<b>Commodity (check all that apply)</b>																																																																																																																																																																																																							
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Property (nonhazardous)					<input type="checkbox"/> Refuse/Waste/Garbage																																																																																																																																																																																																		
		<input type="checkbox"/> Hazardous Materials requiring \$1,000,000 liability limits or less																																																																																																																																																																																																							
		<input type="checkbox"/> Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)																																																																																																																																																																																																							
<b>OPERATIONS LESS THAN 100 MILE RADIUS - List City Destinations Below</b>																																																																																																																																																																																																									
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<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 Francisco																																																																																																																																																																																															
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<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"/> _____																																																																																																																																																																																															
<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"/> _____																																																																																																																																																																																															
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What percentage of loads are: Local/Intermediate 0-100 _____% Long Haul 101+ _____%																																																																																																																																																																																																									
What is the longest one way trip in miles? _____ Miles																																																																																																																																																																																																									
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DRIVER INFORMATION		Must be completed for all drivers.							
Driver	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	Number Violations			# Accid. Last 3 Years
						Past 3 Years		Past Yr.	
						# Minor	# Major	# Minor	
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	Prior Employment & Full Address					Dates of Employment		Type of Unit	

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

UNIT REVENUE AND MILEAGE		Actual and Estimated.		
	Period	Units	Revenue	Mileage
Projected				
Current				

INSURANCE HISTORY & LOSS EXPERIENCE		Years Prior Insurance Under Business Name _____							
HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?									
<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, explain. _____									

FRO M Mo/Yr	TO Mo/Yr	Insurance Company	Type: P = Phy. Damage C = Cargo I = Prim. Liability N = Non-Trk. Liab.	Policy Number	# Units Insured	Any losses over the policy term?	#	Amount	Driver(s) Involved In Loss
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			

SCHEDULE OF AUTOS TO BE INSURED				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 NY, New York Fleet Application, must be completed.					
No.	Model Year	Trade Name	Trailer Type*	VIN	Aux. Run. Lamp (Y/N)	GVW/ GCW	Stated Value	Max. Radius	Owner's Name
1									
2									
3									
4									

**\*Trailer Type Legend**

CC – Car Carrier	DB – Dump Belly	HP – Hopper/Grain	LG – Log	TA – Tanker Asphalt/Hot Oil
CS – Curtain Side	DE – Dump End	IC – Intermodal/Container	LB – Lowboy	TC – Tanker Chemical/Acid
DL – Dolly	DS – Dump Side	LW – Live/Walking Floor	PP – Pup	TG – Tanker Gasoline/Fuel
DV – Dry Van	FB – Flat Bed	LV – Livestock	RF – Reefer	TL – Tanker LPG
				TP – Tanker Pneumatic/Dry Bulk
				TO – Tanker - Other

FINANCED VALUE COVERAGE	The Stated Value 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.
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LIENHOLDER INFORMATION					
Auto #	Name	Address	City	State	Zip Code

<b>COVERAGES</b>			
<input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____ ) <input type="checkbox"/> LIABILITY FOR NONTRUCKING USE Leased to: _____ <b>LIMITS:</b> <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL <input type="checkbox"/> Split Limits BI \$ _____ per person                      \$ _____ per accident                      PD \$ _____ each accident <input type="checkbox"/> HIRED AUTO LIABILITY			
<b>DEDUCTIBLE REIMBURSEMENT LIMIT</b> _____ <input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage <input type="checkbox"/> Cargo		<input type="checkbox"/> TRAILER INTERCHANGE (including copy of agreement) Maximum trailer value _____ # trailer days _____	<input type="checkbox"/> DELUXE COVERAGE ENDORSEMENT
<b>PHYSICAL DAMAGE</b> <b>Deductibles:</b> <input type="checkbox"/> Comprehensive OR \$ _____ <input type="checkbox"/> Specified Perils \$ _____ <input type="checkbox"/> Collision \$ _____	<input type="checkbox"/> CARGO Limit \$ _____ Deductible \$ _____ <input type="checkbox"/> Decline Hired Auto Cargo <input type="checkbox"/> Expanded Refrigeration	<b>COMBINED DEDUCTIBLE</b> Coverage included unless declined. <input type="checkbox"/> Decline	<b>RENTAL REIMBURSEMENT</b> <input type="checkbox"/> Selected Units <input type="checkbox"/> All Units Amt. Per Day \$ _____ Days of coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120
<b>UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS</b>			
<input type="checkbox"/> Uninsured Motorist                      Limits: _____ <input type="checkbox"/> Underinsured Motorist                      Limits: _____ <input type="checkbox"/> Medical Payments                      Limits: _____ <input type="checkbox"/> 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, Medical Payments, and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.			
<b>SIGNATURES</b>			
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.  <b>Disclosure:</b> 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.  <b>Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.</b>  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.  <b>Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</b> 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 coverage stated herein.			
APPLICANT'S SIGNATURE _____		DATE _____	APPLICANT'S TITLE _____
APPLICANT'S PRINTED NAME _____			
PRODUCER'S SIGNATURE _____			