



NATIONAL TRUCK UNDERWRITING MANAGERS, INC.  
5001 American Blvd. West, Suite 801 · Bloomington, MN 55437-1160

# COMMERCIAL AUTO FLEET INSURANCE APPLICATION (11 OR MORE POWER UNITS)

In order to furnish a quote, the following information is necessary:

1. A complete fleet application.
2. Current (within 90 days) insurance company-produced loss runs for current and at least 3 prior years.
3. Complete driver list, both company and owner/operator showing full name, date of birth, driver's license number/state of issue, Social Security number, date of hire and number of years commercial driving experience.
4. Current motor vehicle record for all drivers including owner/operators.
5. Complete list of all equipment including complete serial numbers, gross vehicle weight and current values for all owned or leased equipment and owner/operators.
6. Current Balance Sheet and profit and loss statements.
7. Current mileage prorata (Schedule B/IFTA Report)
8. Copies of current safety manual and incentives.

<b>MINNESOTA (MAIN OFFICE)</b> (800) 831-NTUM (6886) Fax (952) 893-1882	<b>IOWA</b> (888) 577-NTUM (6886) Fax (515) 225-4891	<b>WASHINGTON</b> (800) 561-2193 Fax (425) 603-9142
<b>IDAHO</b> (800) 306-5651 Fax (208) 461-9639	<b>TENNESSEE</b> (888) 800-0378 Fax (901) 375-4132	<b>WISCONSIN</b> (866) 376-NTUM (6886) Fax (414) 762-3992

EFFECTIVE DATE: \_\_\_\_\_

POLICY NO(S) ASSIGNED: \_\_\_\_\_

CO(S) ASSIGNED: \_\_\_\_\_

AGENCY: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

**ENTIRE APPLICATION MUST BE COMPLETED, SIGNED & DATED BY APPLICANT AND AGENT**

Do you want NTUM to handle Premium Financing? <input type="radio"/> Yes <input type="radio"/> No	Down Payment amount received: \$ _____
Amount to use for Finance Down Payment: \$ _____	

AGENT INFORMATION		Producer Name	Phone	Fax
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Agency Name/Address \_\_\_\_\_

Are you the current agent for this applicant? <input type="radio"/> Yes <input type="radio"/> No	Email _____
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GENERAL INFORMATION		<input type="radio"/> Individual	<input type="radio"/> Corporation	<input type="radio"/> Partnership	<input type="radio"/> Other _____
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Name of Applicant _____	Contact Person _____	Phone (incl. area code) _____
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Mailing Address _____	City _____	County _____	State _____	Zip _____	Years in Trucking Industry _____	Years Operating in This Name _____
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Garaging location(s) if different _____	Federal ID # or SSN _____	U.S. DOT # _____
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Number of vehicles at each location _____	Date Coverage Desired FROM: _____ TO: _____
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List any Subsidiaries or Affiliated Companies—please explain relationship with applicant \_\_\_\_\_

DESCRIPTION OF OPERATIONS		<input type="radio"/> For Hire	<input type="radio"/> Private	<input type="radio"/> Non-Trucking	<input type="radio"/> Other (explain) _____
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<b>Range of Transport</b>	<input type="radio"/> Interstate	<input type="radio"/> Intrastate	_____ % miles within 0-299	_____ % miles within 300-599	_____ % over 600 miles	<b>Commodity (check all that apply)</b>
	<input type="checkbox"/> Property (non-hazardous)	<input type="checkbox"/> Refuse/Waste/Garbage				<input type="checkbox"/> Hazardous substances requiring \$1,000,000 liability limits or less
	<input type="checkbox"/> Hazardous substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)					

**OPERATIONS BEYOND 300 MILE RADIUS—**  
Please identify cities 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"/> San Diego      |
| <input type="checkbox"/> Baltimore/Washington | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Kansas City  | <input type="checkbox"/> Minneapolis/St. Paul | <input type="checkbox"/> Phoenix        | <input type="checkbox"/> San Francisco  |
| <input type="checkbox"/> Boston               | <input type="checkbox"/> Denver           | <input type="checkbox"/> Little Rock  | <input type="checkbox"/> Nashville            | <input type="checkbox"/> Pittsburgh     | <input type="checkbox"/> Seattle        |
| <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"/> Tulsa          |
| <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"/> Eastern Zone   |
| <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"/> Gulf Zone      |
| <input type="checkbox"/> Cincinnati           | <input type="checkbox"/> Indianapolis     | <input type="checkbox"/> Miami        | <input type="checkbox"/> Omaha                | <input type="checkbox"/> Salt Lake City | <input type="checkbox"/> Southeast Zone |

Major Shippers	Cargo Hauled	% of Revenue	Origination Point	Destination Point

COMMODITIES TRANSPORTED					
Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value
1.			3.		
2.			4.		



YES NO

- 1. Are filings required? If yes, complete filing information on page 5. FHWA Docket # MC
- 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? FHWA Docket # \_\_\_\_\_  
If yes, provide Brokerage Name: \_\_\_\_\_  
Annual Brokerage Revenue: \_\_\_\_\_
- 3. Do you pay money to Sub haulers? If yes, please explain:
- 4. Are all owned trailers equipped with reflective tape? If no, attach a list of those trailers which are not.
- 5. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
- 6. Is all owned equipment scheduled on this application? If no, attach explanation.
- 7. Is all of the scheduled equipment owned by you? If no, attach explanation.
- 8. Do you lease or hire equipment from others? If yes, is it:  Permanently Lease  Trip Leased  
A) If permanently leased, is it scheduled on this application?  Yes  No  
B) If permanently leased, are autos hired with drivers?  Yes  No (If yes, complete Form T-376)  
C) If trip leased, provide the annual estimated cost of hire: \$ \_\_\_\_\_
- 9. Do you lease to others? If yes, who must provide primary insurance?  You  Other  
A) If you provide Insurance, is coverage desired for:  Named Lessee(s) OR  All Lessees (Blanket Basis)  
B) If Named Lessee(s), attach a list of Name and Address for each lessee.
- 10. Do you haul containerized freight? If yes, percentage: \_\_\_\_\_ %
- 11. Do you pull doubles? If yes, percentage: \_\_\_\_\_ %
- 12. Do you pull triples? If yes, percentage: \_\_\_\_\_ %
- 13. Any oversize/overweight? If yes, % of OS/OW \_\_\_\_\_ Commodity/Commodities \_\_\_\_\_

**LIENHOLDER INFORMATION**

Attach all Lienholder information for each power unit

**LEASED OR HIRED**

Attach samples of agreements

Does applicant/insured do trip leasing to the extent that it comprises more than 5% of his gross receipts?  Yes  No  
If yes, explain operation in detail: \_\_\_\_\_

Is equipment leased or hired?  Yes  No Attach explanation and examples of agreements

	With Driver	Without Driver	Average Duration of a Trip Lease	Average Number of Trip Leases Per Year	Estimated Trip Lease Payments Per Year	Ins. Provided By:		With Hold Harmless Naming Other Part As Add'l Insured?
						Lessor:	Lessee:	
From Others								<input type="radio"/> Yes <input type="radio"/> No
To Others								<input type="radio"/> Yes <input type="radio"/> No

Under whose Bill of Lading is shipment moved when leased to others?

From Others?

What % of DEADHEADING? \_\_\_\_\_ Total Miles deadheading? \_\_\_\_\_

Do they backhaul?  Yes  No

What are restrictions on backhauling? \_\_\_\_\_

**SCHEDULE OF EQUIPMENT OPERATED**

Provide schedule of equipment to include Make, Model, Year, VIN number, GVW, Stated Amount & Radius of Operation

Type	Owned	Leased w/o Drivers	Owner/Operators	Local	Intermediate	Long Haul	Total Units
Private Passngr Vehicles							
Service Trucks							
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Flatbed							
Tank Trailers							
Ref. Trailers							
Dry Van Trailers							

Do they operate any dump trailers? If so, please explain:

Is any special equipment mounted or attached?  Yes  No If yes, please explain: \_\_\_\_\_



**UNITS REVENUE & MILEAGE** Actual and Estimated

Table with columns: Period, Units, Revenue, Mileage. Rows: Projected, Current, 1st Prior, 2nd Prior, 3rd Prior.

Is revenue for all owned and permanently leased units?  Yes  No If no, please explain:
What is the average revenue per power unit?
Do the insured operate teams?  Yes  No If yes, how many teams?

**SUMMARY OF EQUIPMENT VALUES**

Table with columns: Total Fleet Value, Total Tractor Value, Total Trailer Value, Highest Tractor Value, Highest Trailer Value, Lowest Tractor Value, Lowest Trailer Value. Sub-columns: No. of Units, Average Value.

**INSURANCE HISTORY & LOSS EXPERIENCE** Provide the following insurance and loss information for the past three years

HAS ANY INSURANCE COMPANY CANCELLED OR NON-RENEWED YOUR POLICY IN THE LAST 3 YEARS?  Yes  No If yes, please explain:
Do not complete if the Applicant is based in Missouri

**POLICY HISTORY** **LOSS HISTORY**

Table with columns: POLICY TERM (FROM Mo/Yr, TO Mo/Yr), Insurance Company, Policy Number (if available), Liability (#, Loss Amount), Physical Damage (#, Loss Amount), Cargo (#, Loss Amount), Drivers involved in loss.

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 three (3) full policy years. Describe any claim with payment or reserves over \$25,000.

**DRIVER SAFETY & MAINTENANCE** Name, title and phone number of person responsible for safety (specify other duties also):

- YES NO
1. Are hazardous materials/wastes transported? (If yes, attach explanation)
2. Is this a seasonal operation?
3. Truck fleet—number of drivers: Regularly employed, Part time, Owner/operators, Leased, Casual, TOTAL
4. Drivers hired or leased last year: Company drivers, Leased owners/operators
A) Number of drivers replaced
B) Number of drivers increased
5. Age of drivers: Minimum Age, Maximum Age
A) Number of drivers under 25
B) Number of drivers over 65
6. Please provide a complete driver list, both company and owner/operator showing full name, date of birth, driver's license number/state of issue, Social Security number, date of hire and number of years commercial driving experience.
7. Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers?
8. What is the longest trip? (Time: Hours) (Distance: Miles) Is this: One-way Turnaround
9. Any current drivers with convictions for DWI, DUI or reckless within last 3 years?
10. Are all drivers covered by Workers Comp Insurance? If yes, name of company
11. Required amount of over the road experience Miles Years
12. Any Interline, Intermodal or Interchange agreements? If yes, please attach a copy of agreement and explain:
13. Have your operations changed in the last 3 years? If yes, please explain:
14. Percentage of night driving: %

CONTINUED ON NEXT PAGE



**DRIVER SAFETY & MAINTENANCE (Cont.)**

YES NO

- 15. Have you filed for bankruptcy or Chapter 11 reorganization in the last 3 years? If yes, please explain:
- 16. Have you ever operated under any other name? If yes, what name? \_\_\_\_\_
- 17. Do you check driving records of all drivers prior to hiring?
- 18. Do you agree to promptly report all driver changes to your agent?
- 19. Do you agree to promptly report all claims to the Company Claims Department?
- 20. Do all your drivers meet all DOT requirements?
- 21. Do you maintain driver files as required by the DOT?

**SAFETY MEASURES**

YES NO

- 1. Are you operating your power units with speed governors? If yes, what speed are they set at? \_\_\_\_\_
- 2. Are electronic log programs used to audit driver log books?
- 3. Are your power units equipped with fender mirrors?
- 4. Does your safety program include safe driving incentive awards?

**CURRENT CARRIER**

Current Carrier Name: Policy Number: Policy Limits: Policy Dates: TO	Gross Receipts Rate/Premium of Prior Carrier: Policy Deductibles: Bodily Injury Physical Damage	Renewal Rate Offered: Name of Carrier Offering: Limits:
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**COVERAGES**

NOTE: Coverages available may vary by state and company Additional Comments/Remarks:

AUTO LIABILITY       EMPLOYERS NON-OWNERSHIP LIABILITY (# of employees )

LIABILITY FOR NON-TRUCKING USE      Leased to:

LIMITS:  Combined Single Limit (BI/PD): \$       Deductible: \$

HIRED AUTO LIABILITY

**DEDUCTIBLE REIMBURSEMENT LIMIT** \_\_\_\_\_

Liability     Physical Damage     Cargo

TRAILER INTERCHANGE (provide a copy of agreement)

Maximum Trailer Value: \_\_\_\_\_ # trailer days: \_\_\_\_\_

**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 Financial Value Coverage to apply. *\*Not available with all insurance carriers represented*

PHYSICAL DAMAGE	CARGO	COMBINED DEDUCTIBLE	RENTAL REIMBURSEMENT
Deductibles			
<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	Coverage included unless declined <input type="checkbox"/> Decline	<input type="radio"/> Selected Units <input type="radio"/> All Units Amount Per Day: \$ Days of Coverage: <input type="radio"/> 30 <input type="radio"/> 120

UNINSURED MOTORISTS Limits: \$     
  MEDICAL PAYMENTS Limits: \$     
  CCAS (Michigan)

UNDERINSURED MOTORISTS Limits: \$     
  PERSONAL INJURY PROTECTION     
  PROPERTY PROTECTION COVERAGE (Michigan)

Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, No-Fault, and Medical Payments insurance (as required by state law) must be completed and submitted together with this application for insurance coverage.

