



**TRUCK FLEET APPLICATION**  
**10+ Power Units**  
*Entire application must be completed and signed.*



**GENERAL INFORMATION**

Individual     Corporation     Partnership     LLC     Other \_\_\_\_\_

Name \_\_\_\_\_ Yrs. Applicant has been Operating Under Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Federal ID # or SSN \_\_\_\_\_ U.S. DOT Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Coverage Desired: FROM \_\_\_\_\_ TO \_\_\_\_\_

Garaging Location(s) if different: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Loss Control Services Contact Person Name \_\_\_\_\_ Contact's Phone ( ) \_\_\_\_\_

Loss Control E-Mail Address \_\_\_\_\_

**OWNER / PRINCIPAL / PRESIDENT**

Name (First, Middle, Last) \_\_\_\_\_ Title \_\_\_\_\_

SS # \_\_\_\_\_ Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**DESCRIPTION OF OPERATIONS**

For Hire     Private     Non-Trucking     Other (Explain) \_\_\_\_\_

Range of Transport     Interstate     Intrastate

Percent of Loads: 0 - 100 Miles \_\_\_\_\_ 101 - 300 Miles \_\_\_\_\_ 301 Miles + \_\_\_\_\_

Longest Trip One Way: \_\_\_\_\_ Miles

**OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations Below**

1	2	3	4
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**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 \_\_\_\_\_

**Commodity**

- Refuse/Waste/Garbage
- Hazardous Materials requiring \$1,000,000 liability limits or less
- Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)

**COMMODITIES TRANSPORTED**

Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

**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: \$ \_\_\_\_\_

YES NO

- 3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
- 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 you hire other motor carriers or owner-operators to 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. On what basis are they leased?	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/Trip Basis
B. Provide annual cost of hire or # of trips	_____	_____
C. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. 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

- 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 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.

**SCHEDULE OF EQUIPMENT OPERATED**

Provide a schedule of equipment to include Make, Model, Year, Type, VIN Number, GVW, Stated Value, Radius of Operation and Lienholder information.

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

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.

**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.

**UNITS REVENUE AND MILEAGE - Actual and Estimated**

	Period	Units	Revenue	Mileage
Projected				
Current				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				
3 <sup>rd</sup> Prior				

**SUMMARY OF EQUIPMENT VALUES**

Total Fleet Value	No. of Units	Average Value	
Total Tractor Value	No. of Units	Average Value	
Total Trailer Value	No. of Units	Average Value	
Highest Tractor Value	Highest Trailer Value	Lowest Tractor Value	Lowest Trailer Value

**INSURANCE HISTORY & LOSS EXPERIENCE**

Provide the following insurance and loss information for the past three years.

**HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? (Missouri Applicants – Do not answer this question.)**

Yes  No If Yes, explain. \_\_\_\_\_

Policy Term		Insurance Co.	Policy Number	Liability		Phys. Dam.		Cargo		Driver(s) Involved in Loss
FROM Mo/Yr	TO Mo/Yr			#	Loss Amt.	#	Loss Amt.	#	Loss Amt.	

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 two (2) full policy years. Describe any claim with payment or reserves over \$25,000.

**DRIVER INFORMATION**

Provide a list of drivers that includes the Driver's Name, DOB, License Number, Social Security Number, 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	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
- Criminal background check
- Motor vehicle record (MVR) review
- Pre-employment drug test
- Road test
- 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)
- Periodic review of driver and vehicle out-of-service violations (SafeStat/CSA2010 Reports)
- Periodic review of accidents/incidents
- Review of electronic engine data
- Incentives for violation-free and accident-free driving
- Formal corrective action procedures
- Driver safety training

3. Do you adhere to a written vehicle inspection and maintenance program?  Yes  No

If yes, describe or attach program. \_\_\_\_\_

**CURRENT CARRIER**

Current Carrier Name \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Policy Dates: \_\_\_\_\_ To \_\_\_\_\_  
 Policy Limits \_\_\_\_\_ Gross Receipts Rate/Premium of Prior Carrier \_\_\_\_\_  
 Policy Deductibles: BI \_\_\_\_\_ PD \_\_\_\_\_  
 Renewal Rate Offered \_\_\_\_\_ Limits \_\_\_\_\_  
 Name of Carrier Offering \_\_\_\_\_

**COVERAGES**

AUTO LIABILITY  
 LIABILITY FOR NONTRUCKING USE Leased to: \_\_\_\_\_  
 LIMITS: \$ \_\_\_\_\_ CSL  BI & PD Deductible \$ \_\_\_\_\_  PD Deductible \$ \_\_\_\_\_  
 If Reporting Basis:  Revenue  Mileage  Units  
 EMPLOYERS NONOWNERSHIP LIABILITY # of employees \_\_\_\_\_  
 HIRED AUTO LIABILITY Cost of Hire \_\_\_\_\_  
 MEDICAL PAYMENTS Limits \_\_\_\_\_

DEDUCTIBLE REIMBURSEMENT *Complete and Attach Supplement*  
 TRAILER INTERCHANGE *Provide a Copy of Agreement*  
 # Power units under agreement \_\_\_\_\_ Maximum trailer value \_\_\_\_\_ # trailer days per power unit \_\_\_\_\_

PHYSICAL DAMAGE <input type="checkbox"/> Comprehensive OR <input type="checkbox"/> Specified Causes of Loss <input type="checkbox"/> Collision	Deductibles: \$ _____ \$ _____ \$ _____	<input type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE <i>Complete and Attach Supplement</i>	<input type="checkbox"/> CARGO Hired Auto Cargo coverage included unless declined. Limit \$ _____ Deductible \$ _____ <input type="checkbox"/> Decline Hired Auto Cargo
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COMBINED DEDUCTIBLE Coverage included unless declined. <input type="checkbox"/> Decline Combined Deductible	RENTAL REIMBURSEMENT <input type="checkbox"/> Selected Units <input type="checkbox"/> All Units Amt. Per Day \$ _____ Days of coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120
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**UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS**

Uninsured Motorist Limits: \_\_\_\_\_  
 Underinsured Motorist Limits: \_\_\_\_\_  
 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 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:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

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, 385 Washington St., St. Paul, MN 55102.

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.

**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 the 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.

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**FRAUD STATEMENTS**

**ARKANSAS, LOUISIANA, NEW MEXICO AND VERMONT:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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.

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

**OKLAHOMA: WARNING:** 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 and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**UTAH:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state 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.

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**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.

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APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

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APPLICANT'S PRINTED NAME

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PRODUCER'S SIGNATURE

PHONE #

FAX #