



TRUCK FLEET APPLICATION

11 or More 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 # _____ MC # _____ Yrs. Applicant has been Operating Under Business Name _____

Safety Contact Person Name _____ Contact's Phone _____

Safety E-Mail Address _____

OWNER / PRINCIPAL

Name (First, Middle, Last) _____ Yrs. Experience in Trucking _____

SS # of Owner _____ Home Address _____ Apt. # _____

City _____ State _____ ZIP Code _____ Business Phone _____

DESCRIPTION OF OPERATIONS

Type of Operation: ☐ For Hire ☐ Not For Hire ☐ Non-Trucking ☐ Private

Do you engage in operations other than trucking? ☐ Yes ☐ No

If yes, explain: _____

Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years? ☐ Yes ☐ No

If yes, provide details: _____

Range of Transport

☐ Interstate ☐ Intrastate

Percent of Loads: 0 - 100 Miles _____ 101 - 300 Miles _____ 301 - 500 Miles _____ 501 Miles + _____

Longest Trip One Way: _____ Miles

OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations Below

1	2	3	4
---	---	---	---

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 _____

Percent of regular routes _____

Commodities Hauled (Check all that apply.)

- ☐ 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

List major shippers you haul for: _____

YES NO

- ☐ ☐ 1. Are filings required? If yes, complete **Filing Information** form.
- ☐ ☐ 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?
If yes, attach copy of agreement and 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 to you by others: _____
- ☐ ☐ 4. Is all owned equipment scheduled on this application? If no, attach explanation.
- ☐ ☐ 5. a. Do you lease your power units to others?
b. Do you lease your trailers to others?
c. 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.

Yes	No																	
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you operate more than one terminal? If yes, provide the following:																
		<table border="1"> <thead> <tr> <th>Location(s)</th> <th># Units</th> <th>Max. Equip. Value</th> <th>Address, City, State</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Location(s)	# Units	Max. Equip. Value	Address, City, State												
Location(s)	# Units	Max. Equip. Value	Address, City, State															
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargo a total loss regardless of actual damage in the event of a loss? If yes, attach a copy of the contract.																
<input type="checkbox"/>	<input type="checkbox"/>	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.																
<input type="checkbox"/>	<input type="checkbox"/>	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 and general liability limits. If yes and escort vehicles are included in this application, drivers of escort vehicles should be listed in the Driver Information section.																
<input type="checkbox"/>	<input type="checkbox"/>	16. Do you haul over size, over weight loads? If yes, explain below or attach explanation.																
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you haul to/from well drilling sites? If yes: a. List commodities hauled: _____ b. Percent of loads these commodities represent for your business: _____																
<input type="checkbox"/>	<input type="checkbox"/>	18. Do you haul to/from mines? a. List commodities hauled: _____ b. Percent of loads these commodities represent for your business: _____																

SCHEDULE OF EQUIPMENT OPERATED

Provide a schedule of equipment to include Make, Year, Type*, VIN Number, GVW, Stated Limit, Radius of Operation, Ownership Status and Additional Interest information. Refer to Legends below.

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.

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.

Ownership Legend

1 – Owned 3 – Employee Owned 4 – Leased w/ Driver Incl. Non-Trucking
2 – Leased Without Driver 5 – Leased w/ Driver Excl. Non-Trucking

*Vehicle Type Legend

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	

Additional Interests

AI – Additional Insured AL – Lessor; Additional Insured and Loss Payee LP – Loss Payee
LI – Leased with Driver Including Non-Trucking LX – Leased with Driver Excluding Non-Trucking

UNITS REVENUE AND MILEAGE - Actual and Estimated

	Period	Units	Revenue	Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				

SUMMARY OF EQUIPMENT VALUES

Total Value	No. of Units	Average Value
Fleet		
Tractor		
Trailer		

INSURANCE HISTORY & LOSS EXPERIENCE - Provide the following insurance and loss information for the past 3 years.

1. Has an insurance company cancelled or non-renewed your policy in the last 3 years?

(Missouri Applicants – Do not answer this question.)

☐ Yes ☐ No If yes, explain: _____

2. Prior years insurance under business name with: Primary Auto Liability: _____
Non-Trucking Auto Liability: _____

3. Indicate other company name(s) you have operated under in the last 3 years:

Company Names: _____

Insurance Provider(s): _____

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.

Coverage Type*: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab. GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
to					
to					
to					

LOSS HISTORY – Past 3 Years (including Drivers no longer employed)

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

DRIVER INFORMATION

Provide a list of drivers that includes the Driver's Name, DOB, License Number & State, 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:
- | | |
|--|---|
| <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 |
2. 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 vehicle driver performance data (telematics) |
| <input type="checkbox"/> Periodic review of driver and vehicle out-of service violations (SMS/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 |
3. Do you adhere to a written vehicle inspection and maintenance program? ☐ Yes ☐ No
If yes, describe or attach program. _____
4. How often do you replace your equipment? _____
5. Do you have any type of theft avoidance policies? ☐ Yes ☐ No
If yes, describe or attach policy. _____
6. Do you use any of the anti-theft devices to track equipment? ☐ Yes ☐ No
If yes, describe: _____
7. Do you have a Safety Director? ☐ Yes ☐ No
If yes: ☐ Full Time ☐ Part Time # Years with Company: _____

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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Temperature Control | <input type="checkbox"/> Electronics | <input type="checkbox"/> Hired Auto Cargo |
| <input type="checkbox"/> Aluminum, Copper | <input type="checkbox"/> Hard Liquor | Cost of Hire: _____ |
| <input type="checkbox"/> Additional Earned Freight Increase Limit to \$5,000 | <input type="checkbox"/> 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**UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS – Quoting Purposes Only**

- | | |
|---|---------------|
| Uninsured Motorist | Limits: _____ |
| Uninsured Motorist (Includes 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

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.

FRAUD STATEMENTS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

LOUISIANA, 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 include imprisonment, fines, and denial of insurance benefits.

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.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE

PHONE #

FAX #

California: (Must be checked, if applicable)

☐ Pursuant to California Insurance Code section 1623, I acknowledge that I am submitting this application as a licensed insurance broker. Broker License Number _____
