Vermont New Hampshire Connecticut

COMMERCIAL AUTO FLEET INSURANCE APPLICATION

Entire application must be completed and signed

NEW ENGLAND EXCESS EXCHANGE

PO Box 219 Montpelier VT 05601 Telephone 802-229-5066 800-548-4301 Fax <u>802-229-5364 www.neee.com</u>

Name Yrs. in Trucking Industry Yrs. Operating in Your 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 DESCRIPTION OF OPERATIONS For Hire Private Non-Trucking Other (explain) Range of Transport Commodity Refuse/Waste/Garbage Intrastate Hazardous Substances requiring \$1,000,000 liability limits or less Hazardous Substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation) OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations: OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through Or Into Atlanta Cleveland Jacksonville Milwaukee Philadelphia San Diego Balt-Washington Dallas/Ft. Worth Kansas City Mpls/St. Paul Phoenix San Francisco Builfalo Detroit Los Angeles New Orleans Portland Tulsa Chridgo Houston Memphis Oklahoma City Satt Lake City Southeast Zone Other than above Commodity Percent Maxim								
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Range of Transport Commodity Interstate Property (nonhazardous) Refuse/Waste/Garbage Hazardous Substances requiring \$1,000,000 liability limits or less Hazardous Substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation) OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations: OPERATIONS BEYOND 300 MILE RADIUS : Identify Cities Traveled Through Or Into Atlanta Cleveland Jacksonville Milwaukee Philadelphia San Diego Balt-Washington Dallas/Ft. Worth Kansas City Mpls/St. Paul Phoenix San Francisco Boston Denver Little Rock Nashville Pittaburgh Seattle Buffalo Detroit Los Angeles New Orleans Portland Tulsa Charlotte Hautford Louisville New York City Richmond Eastern Zone Charlotte Houston Memphis Oklahoma City St. Louis Gulf Zone Charlotte Houston Memphis Oklahoma City St. Louis Gulf Zone Commodity Percent<								
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D 1 Are filinge required? If yes, complete form N 71.0 Filing Information Decket #								
Image: Interpretent and the second								
2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?								
If yes, provide Brokerage Name: Docket #								
Annual Brokerage Revenue: \$								
3. Are all owned trailers equipped with reflective tape? If no, attach a list of those trailers which are not.								
 4. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation. 								
5. Is all owned equipment scheduled on this application? If no, attach explanation.								
6. Is all of the scheduled equipment owned by you? If no, attach explanation.								
Image: The second se								
a. If permanently leased, is it scheduled on this application?								
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: \$								
8. Do you lease to others? If yes, who must provide primary insurance? You Other								
If you provide insurance, is coverage desired for: Named Lessee(s) OR All Lessees (Blanket Basis)								
If Named Lessee(s), attach a list of Name and Address for each lessee.								

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.														
I		with	Without	A	/g.	Ava. # of	Avg. # of Est. Trip Ins. Provided By: With Hold Harmless							
of		of a	ation Trip ase	Trip Lease Per Year		ease Payme Per Year	nts	Lessor	Les	see	Nar As Ac	ning Other Part Iditional Insured?		
From Others										Γ	🗌 Yes 🛄 No			
To Others											Ľ	🛛 Yes 🛄 No		
Under whose Bill of Lading is shipment moved when leased to others?														
What % of DEADHEADING? Total miles deadheading														
Do they	/ backha	aul? 🗌 Ye	es 🔲 No		What	t do they backh	aul?							
Do they backhaul? Yes No What do they backhaul? What are restrictions on backhauling?														
SCHEDULE OF EQUIPMENT OPERATED Provide a schedule of equipment to include "Make," Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation.								-						
Т	уре				ed w/o vers	Owner Operators		Local		Inter.		.ong Iaul		TOTAL UNITS
Light T	Light Trucks									+ •	luul		ONTO	
Medium Trucks														
Heavy Trucks														
Tractor														
Semi-Trailers														
UNITS REVENUE AND MILEAGE Actual and Estimated.														
Period		U	Units Revenue Mile						Mileage					
Projected														
Current 1st Prior												1		
2nd Prior														
3rd 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					alue									
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.)														
POLICY HISTORY														
Policy Term FROM TO Mo/Yr Mo/Yr			nce Co.	Policy N		Number		Liability Phys. Dam. Ca		Carg				
					(if ava	ilable)	#	Loss Amt.	#	Loss Amt.	#	Loss	Amt.	Involved
MO/Tr											-			in Loss
											+			
													_	
							<u> </u>				_			
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							I				1			
EXPERIENCE INFORMATION* Furnish currently valued (must be value dated within the last 4 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 \$26,000.														

DI	DRIVER, SAFETY AND MAINTENANCE Name, title, phone number of person responsible for safety (specify other duties):									
A Are hazardous materials/wastes transported? Yes No (if yes, attach explanation.)										
В	Is this a seasonal operation?	Yes 🗖 No	C				·			
С		Regularly Er Leased	mployed		Part Time Casual		wner/Operator OTAL			
D										
	I. Number replaced									
	2. Number increased									
E	Age of Drivers:		Min.		Max	Mi	n Max			
	1. Number under 25					_				
	2. Number over 65									
F 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.										
G	Is it the policy of the company to allo	ow passeng	ers to ride in	the t	ruck-tractor with the	drivers?	🗖 Yes 🗖 No			
Н	What is the longest trip?	· · ·								
	1. Time- hours Distance	e:								
	Is this one way or turnaround?									
SA	FETY MEASURES									
							Yes	No		
1	Are you operating your trucks with	h chood ac	wornore?				-	-		
'.	1. Are you operating your trucks with speed governors?									
If yes, what speed are they set at?										
2. Are electronic log programs used to audit driver log books?										
3	3. Are your trucks equipped with fender mirrors?									
4 Does your safety program include safe driving incentive awards?										
Current Carrier Name										
	Policy Number To Policy Limits To Gross Receipts Rate/Premium of Prior Carrier									
Pc	licy Deductibles: 131		0	0001	PID					
Re	Policy Deductibles: 131 PID PID PID									
Name of Carrier Offering										
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.										
COVERAGE COVERAGES										
AUTO LIABILITY EMPLOYERS NONOWNERSHIP LIABILITY (# of employees										
LIABILITY FOR NONTRUCKING USE Leased to:										
LIMITS: Combined Single Limit (BI/PD) \$ CSL										
Split Limits BI \$ per person \$ per accident PD \$ each accident										
DEDUCTIBLE REIMBURSEMENT LIMIT TRAILER INTERCHANGE (provide a copy of agreement)										
🗖 Liability 🔲 Physical Damage 🔄 Cargo Maximum trailer value # trailer days										
PH	YSICAL DAMAGE Deductibles:)		COMBINED DEDU	CTIBLE	RENTAL REIMBU	RSEMENT		
	Comprehensive OR \$	Limit	\$		Coverage included	unless	Selected Units	All Units		
Specified Perils										
	□ Collision							30 🔲 120		
	UNINSURED MOTORISTS Limits \$ MEDICAL PAYMENTS Limits \$									
	UNDERINSURED MOTORISTS Limits \$ PERSONAL INJURY PROTECTION Limits \$									
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.										

P North	land's Loss Contro	I staff can tailor loss	control consultative	services to meet	vour specific needs.
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PNorthland will provide you, as an insured, with reflective striping for your trailers at no cost to you-

- P Our Loss Control staff is available to our insureds to provide a **D.O.T. audit compliance review** so that insureds will be prepared for a D.O.T. compliance audit before it happens.
- P Northland insureds can take advantage of our Safe Driver Awards Program.
- P Our Loss Control Staff will help our insureds conduct effective safety meetings.
- P Seminars are available to Northland insureds to help with continuing education of your drivers and other staff members.
- P Each member of Northland's Claim staff is a **specialist** in the area of commercial auto.
- P Our "800" number is attended by a specialist seven days a week, 24 hours a day, 365 days a year.
- P Northland can also provide **other product lines of coverage** such as General Liability, Property Coverage, or higher limits if necessary. Please talk to your agent for additional coverage needs.

In order to furnish a quote, the following information is necessary:									
a. Complete driver list, both company and owner operator, showing full name, date of birth, drivers license number, social security number, date of hire and most recent MVRs.									
b. Complete list of all equipment including complete serial number and gross vehicle weight, including owned or leased and owner operated.									
c- Provide a description of all safety activities and incentives. Include Passenger Policy, if applicable.									
d. Pro-rata (Schedule 13) Mileage Sheet,									
e. Copy of Insured's aut	e. Copy of Insured's authority.								
f. Current Annual Financial Statement including both profit and loss statements.									
SIGNATURES	This is a 🛛 🗋 New	Renewal in our agency.							
I hereby certify that the for exposition of all the facts a as same are known to me the insurance. Any persor facilitating a fraud against false or deceptive stateme imprisonment. By signing D.O.T. Safety Regulations stated herein.	and circumstances with re- e, and the same are hereby n who, with the intent to de t an insurer, submits an ap ent may be guilty of insura	a Title							
APPLICANT'S SIGNATURE A PRODUCER'S NAME, ADDRE		City/State/Zip							
PRODUCER'S SIGNATURE		—							