

<b>GENERAL INFORMATION</b>		<input type="checkbox"/> Individual		<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Other _____			
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 ( ) _____		
<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</b>									
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Property (nonhazardous) <span style="margin-left: 100px;"><input type="checkbox"/> Refuse/Waste/Garbage</span> <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)									
<b>OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations:</b>											
<b>OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through Or Into</b>											
<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"/> 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
<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	Other than above _____					
<b>COMMODITIES TRANSPORTED</b>											
<b>Commodity</b>		<b>Percent of Loads</b>		<b>Maximum Value</b>		<b>Commodity</b>		<b>Percent of Loads</b>		<b>Maximum Value</b>	
<b>YES</b>	<b>NO</b>										
<input type="checkbox"/>	<input type="checkbox"/>	1. Are filings required? If yes, complete form N-71 0, Filing Information.								Docket #- _____	
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?								Docket #- _____	
		If yes, provide Brokerage Name: _____									
		Annual Brokerage Revenue: \$ _____									
<input type="checkbox"/>	<input type="checkbox"/>	3. Are all owned trailers equipped with reflective tape? If no, attach a list of those trailers which are not.									
<input type="checkbox"/>	<input type="checkbox"/>	4. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.									
<input type="checkbox"/>	<input type="checkbox"/>	5. Is all owned equipment scheduled on this application? If no, attach explanation.									
<input type="checkbox"/>	<input type="checkbox"/>	6. Is all of the scheduled equipment owned by you? If no, attach explanation.									
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you lease or hire equipment from others? If yes, is it: <input type="checkbox"/> Permanently Leased <input type="checkbox"/> Trip Leased									
		a. If permanently leased, is it scheduled on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No									
		b. If permanently leased, are autos hired with drivers? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> You <input type="checkbox"/> Other									
		If you provide insurance, is coverage desired for: <input type="checkbox"/> Named Lessee(s) OR <input type="checkbox"/> All Lessees (Blanket Basis)									
		If Named Lessee(s), attach a list of Name and Address for each lessee.									
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you pull doubles? Triples? <input type="checkbox"/> Yes <input type="checkbox"/> No									



<b>DRIVER, SAFETY AND MAINTENANCE</b>		Name, title, phone number of person responsible for safety (specify other duties):										
<b>A</b>	Are hazardous materials/wastes transported? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach explanation.)											
<b>B</b>	Is this a seasonal operation? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>C</b>	Truck Fleet - No. of drivers: Regularly Employed _____ Part Time _____ Owner/Operator _____ Leased _____ Casual _____ TOTAL _____											
<b>D</b>	Drivers Hired or Leased Last Year <table style="width: 100%; border: none;"> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;">Company Drivers</th> <th style="width: 33%; text-align: center;">Leased Owners/Operators</th> </tr> <tr> <td>1. Number replaced _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. Number increased _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>				Company Drivers	Leased Owners/Operators	1. Number replaced _____	_____	_____	2. Number increased _____	_____	_____
	Company Drivers	Leased Owners/Operators										
1. Number replaced _____	_____	_____										
2. Number increased _____	_____	_____										
<b>E</b>	<b>Age of Drivers:</b> Min. _____ Max. _____ Min. _____ Max. _____ 1. Number under 25 _____ 2. Number over 65 _____											
<b>F</b>	<b>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.</b>											
<b>G</b>	Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>H</b>	What is the longest trip? _____ 1. Time- _____ hours Distance: _____ Is this one way or turnaround? _____											
<b>SAFETY MEASURES</b>												
		Yes	No									
1. Are you operating your trucks with speed governors?		<input type="checkbox"/>	<input type="checkbox"/>									
If yes, what speed are they set at? _____												
2. Are electronic log programs used to audit driver log books?		<input type="checkbox"/>	<input type="checkbox"/>									
3. Are your trucks equipped with fender mirrors?		<input type="checkbox"/>	<input type="checkbox"/>									
4 Does your safety program include safe driving incentive awards?		<input type="checkbox"/>	<input type="checkbox"/>									
<b>CURRENT CARRIER</b>												
Current Carrier Name _____												
Policy Number _____		Policy Dates: _____ To _____										
Policy Limits _____		Gross Receipts Rate/Premium of Prior Carrier _____										
Policy Deductibles: 131 _____		PID _____										
Renewal Rate Offered _____		Limits _____										
Name of Carrier Offering _____												
<b>FINANCED VALUE COVERAGE</b>		The Stated Value of each auto must be <b>equal to or greater than</b> the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.										
<b>COVERAGES</b>												
<input type="checkbox"/> <b>AUTO LIABILITY</b>		<input type="checkbox"/> <b>EMPLOYERS NONOWNERSHIP LIABILITY</b> (# of employees _____)										
<input type="checkbox"/> <b>LIABILITY FOR NONTRUCKING USE</b> Leased to: _____												
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL <input type="checkbox"/> Deductible \$ _____												
<input type="checkbox"/> Split Limits BI \$ _____ per person \$ _____ per accident PD \$ _____ each accident												
<input type="checkbox"/> <b>HIRED AUTO LIABILITY</b>												
<b>DEDUCTIBLE REIMBURSEMENT LIMIT</b> _____		<input type="checkbox"/> <b>TRAILER INTERCHANGE</b> (provide a copy of agreement)										
<input type="checkbox"/> Liability	<input type="checkbox"/> Physical Damage	<input type="checkbox"/> Cargo	Maximum trailer value _____ # trailer days _____									
<b>PHYSICAL DAMAGE Deductibles:</b>		<input type="checkbox"/> <b>CARGO</b>	<b>COMBINED DEDUCTIBLE</b>									
<input type="checkbox"/> Comprehensive OR \$ _____		Limit \$ _____	Coverage included unless									
<input type="checkbox"/> Specified Perils \$ _____		Deductible \$ _____	declined.									
<input type="checkbox"/> Collision \$ _____		<input type="checkbox"/> Decline Hired Auto	<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										
<input type="checkbox"/> <b>UNINSURED MOTORISTS</b>		Limits \$ _____	<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>									
<input type="checkbox"/> <b>UNDERINSURED MOTORISTS</b>		Limits \$ _____	<input type="checkbox"/> <b>PERSONAL INJURY PROTECTION</b>									
			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.												

**NORTHLAND'S FLEET SERVICES SUMMARY:**

- P** Northland's Loss Control staff can tailor loss control **consultative services** to meet your specific needs.
- P** Northland 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:**

- 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**.
- Complete list of all equipment including complete serial number and gross vehicle weight, including owned or leased and owner operated.
- Provide a description of all safety activities and incentives. Include Passenger Policy, if applicable.
- Pro-rata (Schedule 13) Mileage Sheet,
- Copy of Insured's authority.
- Current Annual Financial Statement including both profit and loss statements.

**SIGNATURES**This is a ☐ New ☐ Renewal in our agency.

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. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. 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.

APPLICANT'S SIGNATURE AND TITLE

DATE

PRODUCER'S NAME, ADDRESS &amp; PHONE #

PRODUCER'S SIGNATURE

DATE

Name, Title, and Address of individual purchasing this insurance:

☐ MR. ☐ MRS. ☐ Ms.

Name

Title

Address

City/State/Zip