



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 prorate (Schedule B/IFTA Report)
8. Copies of current safety manual and incentives.

MINNESOTA (MAIN OFFICE)
(800) 831-NTUM (6886)
Fax (952) 893-1882

ntuminc.com

IDAHO
(800) 306-5651
Fax (208) 461-9639

TENNESSEE
(888) 800-0378
Fax (901) 375-4132

WASHINGTON
(800) 561-2193
Fax (425) 603-9142

WISCONSIN
(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 to use for Finance Down Payment: \$ _____	amount received: \$ _____

AGENT INFORMATION	Producer Name	Phone	Fax
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Agency Name/Address _____

Are you the current agent for this applicant? ☐ Yes ☐ No Email _____

GENERAL INFORMATION ☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____

Name of Applicant _____ Contact Person _____ Phone (incl. area code) _____

Mailing Address _____ City _____ County _____ State _____ Zip _____ Years in Trucking Industry _____ Years Operating in This Name _____

Garaging location(s) if different _____ Federal ID # or SSN _____ U.S. DOT # _____

Number of vehicles at each location _____ Date Coverage Desired
FROM: _____ TO: _____

List any Subsidiaries or Affiliated Companies—please explain relationship with applicant _____

DESCRIPTION OF OPERATIONS ☐ For Hire ☐ Private ☐ Non-Trucking ☐ Other (explain) _____

Range of Transport	% miles within 0-299	% miles within 300-599	% over 600 miles	Commodity (check all that apply)
<input type="radio"/> Interstate <input type="radio"/> Intrastate				<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?
If yes, provide Brokerage Name: _____ FHWA Docket # _____
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		
	Period	Units	Revenue	Mileage
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			
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 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							
POLICY TERM		Insurance Company	Policy Number (if available)	Liability		Physical Damage		Cargo		Drivers involved in loss			
FROM Mo/Yr	TO Mo/Yr			#	Loss Amount	#	Loss Amount	#	Loss Amount				

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:

Gross Receipts Rate/Premium of Prior Carrier:

Renewal Rate Offered:

Policy Number:

Policy Deductibles:

Name of Carrier Offering:

Policy Limits:

Bodily Injury

Limits:

Policy Dates: TO

Physical Damage

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	<input type="checkbox"/> CARGO	COMBINED DEDUCTIBLE	RENTAL REIMBURSEMENT
Deductibles			
<input type="checkbox"/> Comprehensive OR \$	Limit \$	Coverage included unless declined	<input type="radio"/> Selected Units
<input type="checkbox"/> Specified Perils \$	Deductible \$	<input type="checkbox"/> Decline	<input type="radio"/> All Units
<input type="checkbox"/> Collision \$	<input type="checkbox"/> Decline Hired Auto		Amount Per Day: \$
			Days of Coverage: <input type="radio"/> 30 <input type="radio"/> 120
<input type="checkbox"/> UNINSURED MOTORISTS Limits: \$	<input type="checkbox"/> MEDICAL PAYMENTS Limits: \$	<input type="checkbox"/> CCAS (Michigan)	
<input type="checkbox"/> UNDERINSURED MOTORISTS Limits: \$	<input type="checkbox"/> PERSONAL INJURY PROTECTION	<input type="checkbox"/> 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.



POLICY NO: _____

FILING INFORMATION

Base State _____

L = Liability C = Cargo ■ Not required * Intrastate Only

L	C		L	C		L	C		L	C	
		AL			IA			NV - Not participating			TX - \$100 fee
		AZ - Not participating			KS - KCC # Required _____			NM (\$15 fee)			TX DOT # Required
		AR - Accord Cert Only			KY			NY			VA _____
		CA - EX # Intra State _____			LA			NC			WA _____
		CA # Required _____			ME			OH			WV _____
		CO			MI			OK - OCC # _____			WI _____
		CT			MN			OR - Not participating			WY _____
		GA - MCA # _____			MS			PA - Not participating			FHWA - MC _____
		ID			MO			SC			
		IL - IL MC # _____			MT			SD			
		IN			NE			TN			

A Form E is required for Single State registered carriers hauling exempt commodities in: KS, MI, MO, WI.

Carriers with no FHWA authority must have Form E filings if they hold exempt authority in: AL, CA, CO, CT, GA, IL, IA, KS, KY, LA, ME, MI, MN, MO, NE, NC, OH, OK, OR, SC, SD, TN, TX, WA, WI

Oversize/Overweight Liability (Phone # and FID or SSN required for Ohio):

Canadian Province(s):

Send Filings/Copies to:

SIGNATURES

This is a: ☐ New ☐ Renewal in our Agency

I authorize National Truck Underwriting Managers, Inc. to obtain a copy of my Motor Vehicle Report for ratings/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 report will be provided to me.

I submit this application with the understanding that Financed Value Coverage is not available with all insurance carriers represented.

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 same as known to me, and the same are hereby made as the basis and condition of the insurance.

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. By signing below, I affirm full knowledge of an adherence to current D.O.T. Safety Regulations and hereby apply for insurance with respect to the coverages stated herein.



APPLICANT'S SIGNATURE & TITLE _____ DATE _____

BROKER'S NAME AND ADDRESS	PHONE	FAX
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BROKER'S SIGNATURE _____ **DATE** _____



GENERAL AGENT'S SIGNATURE _____ DATE _____

Name, Title, and Address of Individual purchasing this insurance ☐ Mr. ☐ Mrs. ☐ Ms.

[illegible]

Address	City	State	Zip
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STATEMENT OF FRAUD

ALL STATES AND COVERAGES NOT SPECIFIED BELOW:

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS

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.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provide false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.

KENTUCKY

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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.

NEW MEXICO

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 civil fines and criminal penalties.

OHIO

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

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 makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA

Any person who, knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

TENNESSEE

Commercial Insurance Other Than Worker's Compensation

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.

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.

I have received the Statement of Fraud which applies to my state. I understand that this document becomes a part of my application for insurance.

Applicant's Signature: _____ Date: _____