



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 prorata (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	WASHINGTON (800) 561-2193 Fax (425) 603-9142
	TENNESSEE (888) 800-0378 Fax (901) 375-4132	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="checkbox"/> Yes <input type="checkbox"/> No	Down Payment amount received: \$ _____
Amount to use for Finance Down Payment: \$ _____	

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 # _____
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Number of vehicles at each location _____	Date Coverage Desired FROM: _____ TO: _____
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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="checkbox"/> Interstate <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No
To Others								<input type="checkbox"/> Yes <input type="checkbox"/> 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 FROM Mo/Yr	TO Mo/Yr	Insurance Company	Policy Number (if available)	Liability		Physical Damage		Cargo		Drivers involved in loss
				#	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

- Are hazardous materials/wastes transported? (If yes, attach explanation)
- Is this a seasonal operation?
- Truck fleet—number of drivers: Regularly employed _____ Part time _____ Owner/operators _____
Leased _____ Casual _____ TOTAL _____
- Drivers hired or leased last year: Company drivers _____ Leased owners/operators _____
A) Number of drivers replaced _____
B) Number of drivers increased _____
- Age of drivers: Minimum Age _____ Maximum Age _____
A) Number of drivers under 25 _____
B) Number of drivers over 65 _____
- 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.
- Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers?
- What is the longest trip? (Time: _____ Hours) (Distance: _____ Miles) Is this: One-way Turnaround
- Any current drivers with convictions for DWI, DUI or reckless within last 3 years?
- Are all drivers covered by Workers Comp Insurance? If yes, name of company _____
- Required amount of over the road experience Miles _____ Years _____
- Any Interline, Intermodal or Interchange agreements? If yes, please attach a copy of agreement and explain:
- Have your operations changed in the last 3 years? If yes, please explain:
- 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: Policy Number: Policy Limits: Policy Dates: TO	Gross Receipts Rate/Premium of Prior Carrier: Policy Deductibles: Bodily Injury Physical Damage	Renewal Rate Offered: Name of Carrier Offering: Limits:
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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	CARGO	COMBINED DEDUCTIBLE	RENTAL REIMBURSEMENT
Deductibles			
<input type="checkbox"/> Comprehensive OR \$ <input type="checkbox"/> Specified Perils \$ <input type="checkbox"/> Collision \$	<input type="checkbox"/> CARGO Limit \$ Deductible \$ <input type="checkbox"/> Decline Hired Auto	Coverage included unless declined <input type="checkbox"/> Decline	<input type="checkbox"/> Selected Units <input type="checkbox"/> All Units Amount Per Day: \$ Days of Coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120

UNINSURED MOTORISTS Limits: \$
 MEDICAL PAYMENTS Limits: \$
 CCAS (Michigan)

UNDERINSURED MOTORISTS Limits: \$
 PERSONAL INJURY PROTECTION
 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.



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: _____