

# TRUCK APPLICATION 1-10 Power Units

Entire Application Must Be Completed and Signed

Submission Number:	Pro	posed Effe	ective Dates: FROM	:	TO:	
<b>GENERAL INFORMATION</b>	I	•				
Individual Corpora	tion 🗌 Partnership		C 🗌 Other:			
Name						
Mailing Address						
City		State	ZIP Code	Business Phone		
		State		Dusiness i none		
E-Mail Address						
Garaging Address						
(if different)			710.0.1			
City		State	ZIP Code			
Tax ID: Federal ID # or SS #	U.S. DOT #	Yrs.	in Trucking Industry	Yrs. Operatin	g Under Business Name	
Loss Control Services Contact Pe	erson Name			I	Contact's Phone	
Loss Control E-Mail Address						
OWNER/PRINCIPAL						
Owner Name (First, Middle, Last	)					
SS # of Owner	Home Address				Apt. #	
City		State	e ZIP Code	ZIP Code Business Phone		
DESCRIPTION OF OPERA	TIONS					
Type of Operation	Non-Trucking	Oth	ner:			
Commodity (Check any tha						
Hazardous Materials req				efuse/Waste/Garb	age	
Hazardous Materials req Explain:	uiring Liability limits hig	her than \$	1,000,000.			
·	% of Loodo M	ax. Value	Commodity	0/	of Loads Max. Value	
Commodity	% of Loads Ma	ax. value	Commodity	70	of Loads Max. Value	
Range of Transport			1			
Interstate Intrast     Operations Less than 300 M		etinations	Below			
operations Less than 500 m		sinations				
<b>Operations Beyond 300 Mile</b>	e Radius - Identify Metr	opolitan A	reas Traveled Throug	gh or Into		
		ksonville	Milwaukee	Orlando	Salt Lake City	
		nsas City	Mpls./St. Paul	Philadelphi     Dheaniy		
		le Rock s Angeles	Nashville New Orleans	Phoenix	San Francisco	
		Jisville	New York City			
		mphis	<ul> <li>Oklahoma City</li> </ul>		$\Box$ Tulsa	
	dianapolis 🗌 Mia	•		St. Louis		
Cities other than above or re	•					
Percent of Loads: 0 - 1	00 Miles	101 - 30	0 Miles	301 Miles +		
Longest Trip One Way:	Miles					

Yes	No	
		1. Are motor carrier filings required? If yes, complete form N-710, Filing Information. MC #
		Do you act as a freight-broker or freight-forwarder or arrange loads for others?     If yes, provide Brokerage Name: Broker Authority Docket # Annual Brokerage Revenue
		Broker Authority Docket # Annual Brokerage Revenue
		<ol> <li>Is all equipment operated under the applicant's authority scheduled on the application? If no, explain.</li> </ol>
		<ol> <li>Is all owned equipment scheduled on this application?</li> <li>If no, explain.</li> </ol>
		<ol> <li>Do you hire other companies or independent owner-operators to haul for you? If yes, answer questions A and B below. If no, skip to question #6.</li> </ol>
		<ul> <li>A. Are hired vehicles permanently leased to your company? If yes:</li> <li>(1) Are these vehicles listed on the application?</li> <li>(2) Are these vehicles leased with drivers? If yes, complete T-376.</li> <li>(3) Do you require leased vehicle owners to purchase non-trucking liability coverage?</li> </ul>
		<ul> <li>B. Do you hire additional drivers or equipment to haul for you under a trip lease or subhaul agreement? If yes:</li> <li>(1) Indicate estimated number of trips: Per Month Per Year</li> <li>(2) Indicate estimated annual cost of hire: Per Month Per Year</li> </ul>
		6. Do you lease to others? If yes, who must provide primary insurance?  You Other If you provide insurance, is coverage desired for Lessees?
		<ol> <li>Do you pull doubles and/or triples? If yes, specify:</li> <li>Do you operate any 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 N-467.</li> </ol>
Use N	-3077	additional space is needed for Driver Information, Insurance History, Schedule of Autos or Additional Interests.

#### **DRIVER INFORMATION** Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	# Viol	ations	Years # Accidents

## **DRIVER LOSS HISTORY**

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

# DRIVER EMPLOYMENT HISTORY

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

### **REVENUE AND MILEAGE**

	Units	Revenue Per Unit	Mileage Per Unit	Total Revenue	Tota	al Mileage		
Past 12 Months								
Next 12 Months								
<b>INSURANCE H</b>	ISTOR	Y AND LOSS EX	PERIENCE		-			
1. Has an insu	urance o	company cancelle	d or non renewed	your policy in th	ne last 3	years?	🗌 Yes 🗌	No
lf yes, e	explain:							
2. Prior years	insuran	ce under busines	s name:					
3. Have you e	ver had	truck insurance	under a different er	ntity name?	Yes	🗌 No		
lf yes, E	Entity N	ame:		-				
			ŕ	*Type: P=Phys.	Dmg.	C=Cargo	L=Prim. Liab	. N=Non-Trk. Liab.
Prior Carrier Effective Dates From - To	Prie	or Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses	Loss Amount	Driver Involved in Loss

### SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 10 power units, form N-2379, Fleet Application, must be completed.

**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.

No.	Unit ID	Year	Make			Vehicle Type*	VIN N	lumber	St	ated Val	ue	
GVW/GCW Radius				Radius	Owner's Name							
No.	Unit ID	Year	Make			Vehicle Type*	VIN N	lumber	St	ated Val	ue	
GVW/	GCW	I			Radius	Owner's Name	Owner's Name					
No.	Unit ID	Year	Make			Vehicle Type*	VIN N	lumber	St	ated Val	lue	
GVW/	GCW		<b>I</b>		Radius	Owner's Name			l			
No.	Unit ID	Year	Make			Vehicle Type*	VIN N	lumber	St	ated Val	ue	
GVW/	GCW				Radius	Owner's Name						
*Veh	icle Typ	e Leg	gend									
CON - CUS - DOL - DRP - DPS - DPB -	- Car Carrier Trailer     - Car Carrier Trailer     - Container (Intermodal)     - Curtain Side     - Dolly, Con Gear     - Dolp Deck, Gooseneck     - Dump Side     - Dump Trailer (Bottom)     - Dump Trailer (Bottom)     - Curtain Side     - Curtain Side		ing/Floor quipment	PUP - Pup TrailerTAP - Tanker Pneumatic/Dry BulkSEM - Semi TrailerTAO - Tanker-OtherTAN - TandemNOC - Trailers Not Otherwise ClassifieTAT - Tank TrailerTRC - TractorsTAA - Tanker Asphalt/Hot OilTRK - TrucksTAC - Tanker Chemical/AcidVAD - Van Trailer (Dry)TAG - Tanker Casoline/FuelREF - Van Trailer (Temp Control)TAL - Tanker LPGTAP - Tanker Chemical/Acid				se Classified				
			ERESTS onal Insured	LP - Loss Pave	e LE-E	Employee as Lessor	AL - Less	sor-Additional Insu	red and Los	s Pavee	1	
Unit	-			lame	-	Address		City		State	ZIP Code	
DOL - DRP - DPS - DPB - DPE - <b>ADD</b> AI Ty	Dolly, Con Drop Dec Dump Sic Dump Tra Dump Tra <b>ITIONAI</b> <b>pe</b> * AI	n Gear k, Goos de ailer (Bo ailer (Er L INTE Additio	ottom) nd) ERESTS onal Insured	LIV - Livestock LOG - Log LOW - Lowboy MEQ - Mobile Ec PUL - Pull Trailer LP - Loss Payee	quipment	TAA - Tanker TAC - Tanker TAG - Tanker TAL - Tanker L Employee as Lessor	Asphalt/Ho Chemical// Gasoline/F _PG	TRC - t Oil TRK -T Acid VAD - uel REF - sor-Additional Insu	Tractors Frucks Van Trailer ( Van Trailer (	Dry) Temp Co s Payee	ontrol)	

COVERAGES							
AUTO LIABILITY Combined Single Lim     MEDICAL PAYMENTS							
LIABILITY FOR NON-TRUCKING USE	Leased to:						
HIRED AUTO LIABILITY	Cost of Hire:						
EMPLOYERS NONOWNERSHIP LIABILITY	Number of Employees:						
Trailer Interchange (Include agreeme	nt) Maximum Trailer Value:	# Trailer Days All Units:					
	Total # of Power Units Under Agre	ement:					
Physical Damage Deductibles							
	OR SPECIFIED CAUSES (	DF LOSS					
Combined Deductible Applies unless de	clined. Decline Combined De	ductible					
Rental Reimbursement Selected Days of Cov	Units OR	Per Day:					
Deluxe Coverage Endorsement							
Cargo Limit	Decline Hired Auto Cargo	Deductible Reimbursement					
Deductible	Expanded Refrigeration	If selected, attach Supplement.					
UNINSURED / UNDERINSURED MOTOR	SISTS AND NO-FAULT OPTIONS						
Coverage and limit choices in this section Supplemental Uninsured Motorists / Unde completed and signed by the applicant wh	rinsured Motorists and Personal Injur						

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. Your 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.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.

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. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. 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

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S TITLE

PHONE #

FAX #