



NON-TRUCKING APPLICATION

Entire Application Must Be Completed and Signed

Submission Number: _____ Proposed Effective Dates: FROM: _____ TO: _____

GENERAL INFORMATION

Individual Corporation Partnership LLC Other: _____

Name _____

Mailing Address _____

City _____ State _____ ZIP Code _____ Business Phone _____

E-Mail Address _____

Garaging Address (if different) _____

City _____ State _____ ZIP Code _____

Yrs. Applicant has been Operating Under Business Name _____ U.S. DOT # _____ MC # _____

OWNER/PRINCIPAL

Owner Name (First, Middle, Last) _____ Yrs. Experience in Trucking _____

Home Address _____ Apt. # _____

City _____ State _____ ZIP Code _____ Business Phone _____

DESCRIPTION OF OPERATIONS

Identify Metropolitan Areas 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"/> Salt Lake City |
| <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 Diego |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Nashville | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> San Francisco |
| <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"/> Seattle |
| <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"/> Tulsa |
| <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"/> _____ |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | | |

Cities other than above or regular routes: _____

Percent of Loads:

DE and MD policies: 0 - 100 Miles _____ 101 Miles + _____

ME and VT policies: 0 - 200 Miles _____ 201 Miles + _____

All other states: 0 - 75 Miles _____ 76 - 300 Miles _____ 301 Miles + _____

Longest Trip One Way: _____ Miles

Under whose authority do you operate?

Name	Address	Phone Number	Contact Person

Provide a complete copy of the current lease agreement.

Who provides primary liability coverage? You Lessee

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	# Accidents

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

MILEAGE - Actual and Estimated

	Units	Mileage Per Unit	Total Mileage
Past 12 Months			
Next 12 Months			

INSURANCE HISTORY AND LOSS EXPERIENCE

Has an insurance company cancelled or non renewed your policy in the last 3 years?

(Missouri Applicants - Do not answer this question.)

Yes No If yes, explain: _____

EXPERIENCE INFORMATION - Provide 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 as required.

*Coverage Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab. GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
to					
to					
to					

SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made.

To ensure Electronics (as defined by the policy), along with tarps, chains or binders are covered, include the value in each auto's stated value.

Finance Value Coverage - The Stated Limit of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Finance Value Coverage to apply.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Owner/Operator			
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Owner/Operator			
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Owner/Operator			

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Owner/Operator			

***Vehicle Type Legend**

CCT - Car Carrier Trailer	FLT - Flat Bed	PUP - Pup Trailer	TAL - Tanker LPG
CON - Container (Intermodal)	HOP - Hopper/Grain	SEM - Semi Trailer	TAP - Tanker Pneumatic/Dry Bulk
CUS - Curtain Side	LWF - Live/Walking/Floor	SRT - Showroom Trailer	TAO - Tanker-Other
DOL - Dolly, Con Gear	LIV - Livestock	TAN - Tandem	NOC - Trailers Not Otherwise Classified
DRP - Drop Deck, Gooseneck	LOG - Log	TAT - Tank Trailer	TRC - Tractors
DPS - Dump Side	LOW - Lowboy	TAA - Tanker Asphalt/Hot Oil	TRK - Trucks
DPB - Dump Trailer (Bottom)	MEQ - Mobile Equipment	TAC - Tanker Chemical/Acid	VAD - Van Trailer (Dry)
DPE - Dump Trailer (End)	PUL - Pull Trailer	TAG - Tanker Gasoline/Fuel	REF - Van Trailer (Temp Control)

ADDITIONAL INTERESTS

Type*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee

Unit #	Type*	Name	Address	City	State	ZIP Code

COVERAGES

- LIABILITY FOR NON-TRUCKING USE Limits: _____ CSL
- MEDICAL PAYMENTS Limits: _____
- DEDUCTIBLE REIMBURSEMENT LIABILITY/PHYSICAL DAMAGE *Complete and Attach Supplement*
- DEDUCTIBLE REIMBURSEMENT CARGO

Coverage selections apply to all vehicles. Limit of Insurance must be less than or equal to the Lessee's Deductible based on contract. A copy of the insured contract must be included with your submission.

Commodity	% of Loads	Max. Value	Insured Retained Amount	Commodity	% of Loads	Max. Value

PHYSICAL DAMAGE DEDUCTIBLES

- Comprehensive _____ OR Specified Causes of Loss _____
- Collision _____

COMBINED DEDUCTIBLE Coverage included unless declined. <input type="checkbox"/> Decline Combined Deductible	RENTAL REIMBURSEMENT <input type="checkbox"/> Selected Units OR <input type="checkbox"/> All Units Amount Per Day: _____	Days of Coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120	<input type="checkbox"/> DELUXE COVERAGE ENDORSEMENT
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- ROADSIDE ASSISTANCE AND TOWING COVERAGE
 All eligible power units Selected power units

UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS - Quoting Purposes Only

- UNINSURED MOTORISTS Limits: _____
- UNDERINSURED MOTORISTS Limits: _____
- PERSONAL INJURY PROTECTION Limits: _____

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorists/Underinsured Motorists and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

https://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

Iowa, Illinois, New Mexico, Oregon, Washington and Wisconsin: The signing of this application does not bind the company to offer, nor the applicant to purchase, the insurance. It is agreed that this application, including any material submitted in conjunction with this application or any renewal, shall be the basis of the insurance and shall be considered physically attached to and part of the policy issued. The company will have relied upon this application, including any material submitted therewith, in issuing the policy.

FRAUD STATEMENTS

ARKANSAS, MARYLAND, and NEW MEXICO: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

MAINE, TENNESSEE and 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 may include imprisonment, fines, and denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA: 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 knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

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. The 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.

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. 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.

State Notices:

Montana: A single loss is among the insurance company's criteria for nonrenewal.

South Carolina: The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE

PHONE #

FAX #

(Must be checked, if applicable)

Pursuant to California Insurance Code section 1623, I acknowledge that I am submitting this application as a licensed insurance broker.
Broker License Number _____