



NON-TRUCKING APPLICATION
Entire Application Must Be Completed and Signed

Quote #: _____ Proposed Effective Dates: FROM: _____ TO: _____

GENERAL INFORMATION

Individual Corporation Partnership LLC Other:

Name _____

Mailing Address _____

City _____ State _____ ZIP Code _____ Business Phone _____

E-Mail Address _____

Website Address _____

Garaging Address _____

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 _____

DESCRIPTION OF OPERATIONS

1. 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: _____

2. Percent of Loads:

All States except (DE, MD, ME, VT): 0 - 75 Miles _____ 76 - 300 Miles _____ 301 Miles + _____
 DE and MD policies: 0 - 100 Miles _____ 101 Miles + _____
 ME and VT policies: 0 - 200 Miles _____ 201 Miles + _____

3. Longest Trip One Way: _____ Miles

4. Under whose authority do you operate? **Provide a complete copy of the current lease agreement.**

Name	Address	Phone Number	Contact Person

5. 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

TRUCK TECHNOLOGY

Are your trucks equipped with any of the following technologies? If none, leave blank.

	# Units
Automatic Emergency Braking (AEB)	
Forward Facing Cameras	
Other:	

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

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.

Limit of Insurance _____ Insured Retained Amount _____

Commodity	% of Loads	Max. Value	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 Days of Coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120 Amount Per Day: _____	<input type="checkbox"/> DELUXE COVERAGE ENDORSEMENT
--	--	---

- ROADSIDE ASSISTANCE AND TOWING COVERAGE**
 All eligible power units Selected power units

- 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, NEW MEXICO and OREGON: 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: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Auto: 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.

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.

By signing below, I declare that the statements contained herein are true and accurate, and that all commercially owned or operated vehicles have been disclosed to you and are listed on this Application. I further agree that I will immediately notify you of any changes to the drivers or vehicles put into service in the future, and that I will immediately report all accidents, losses or claims, regardless of fault or the severity of the damage or injury.

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 _____