



TRUCK FLEET APPLICATION
11 or More Power Units

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 #

Do you operate more than one terminal? Yes No If yes, provide the following:

Table with 2 columns: Terminal Location Address/City/State/ZIP, # Units

Safety Contact Person Name Contact's Phone

Safety E-Mail Address

OWNER/PRINCIPAL

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

Home Address Apt. #

City State ZIP Code

DESCRIPTION OF OPERATIONS

1. Type of Operation: For Hire Not For Hire Non-Trucking Private

2. Do you engage in operations other than trucking? Yes No

If yes, explain:

3. Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years? Yes No

If yes, provide details:

4. Commodities Hauled:

Table with 6 columns: Commodity, % Loads, Max. Value, Commodity, % Loads, Max. Value

5. Range of Transport:  Interstate  Intrastate

6. Longest Trip One Way: \_\_\_\_\_ Miles

7. 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: \_\_\_\_\_

8. 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 + _____	

Yes No

1. Are filings required?
2. Do you arrange loads for others in your name or a different name, or act as a freight broker or freight-forwarder? If yes:  
 % of loads brokered by you to others: \_\_\_\_\_ Annual Brokerage Revenue: \$ \_\_\_\_\_  
 Brokerage Name: \_\_\_\_\_ MC # \_\_\_\_\_
3. In circumstances where you are unable to accept a load (i.e. high capacity, unit down, etc.) do you hand off/refer loads to others? If yes:
- a. Is your name on the bill of lading or shipping documents?
- b. Do you obtain payment/financial gain from loads handed off/referred to others?
- c. Is there a written agreement? If yes, attach a copy.
- d. Indicate % of loads handed off/referred: \_\_\_\_\_
4. Is all equipment operated under the applicant's authority scheduled on this application?  
 If no, explain: \_\_\_\_\_
5. Is all owned equipment scheduled on this application?  
 If no, explain: \_\_\_\_\_
6. Do you lease your equipment to others?  Power Units  Trailers  
 If yes, who must provide primary liability coverage?  You  Lessee
7. Do you pull doubles or triples?
8. Do you engage in any residential deliveries?  
 If yes, explain: \_\_\_\_\_
9. Is any portion of your operation seasonal? If yes, explain: \_\_\_\_\_
10. Do you use any team, hot seat, slip seating or relay driver operations?
11. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
12. Do you operate 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 Mobile Equipment Supplement.**
13. Do you haul over size, over weight loads?  
 If yes, explain: \_\_\_\_\_
14. Do you hire escort vehicles?  
 If yes, do you require them to provide a certificate of insurance?
15. Do you haul to/from well drilling sites or mines? If yes:
- a. List commodities hauled: \_\_\_\_\_
- b. Percent of loads these commodities represent for your business: \_\_\_\_\_
16. Are any of your vehicles powered by a source other than diesel or gasoline?  
 If yes, explain: \_\_\_\_\_

**OWNER OPERATOR/LEASED/HIRED**

If other motor carriers or owner-operators haul for you, complete questions 1-4 below.

1. Name on the Bill of Lading: <input type="checkbox"/> Yours <input type="checkbox"/> Others		
2. On what basis are they leased?	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/Trip Basis
3. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all leased vehicles included in this application for insurance? If no, complete <b>T-565, Leased/Hired Autos Supplement</b> , and complete questions a-d below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you, and hold you harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Lessor Limit of Liability required?	\$ _____	\$ _____
d. Annual cost of hire?	\$ _____	\$ _____

**DRIVER INFORMATION**

Provide a list of drivers that includes the Driver's Name, DOB, License Number & State, Date of Hire, and Years of Driving Experience.

1. Total Number of Drivers: \_\_\_\_\_  
 Company Driver: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 OO/Leased: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

2. Drivers Hired or Leased Last Year

	Company Drivers	Leased Owners/Operators
a. Number replaced:	_____	_____
b. Number increased:	_____	_____
c. Age requirement:	Min. _____ Max. _____	Min. _____ Max. _____
d. Years of experience required:	Min. _____	Min. _____

**DRIVER HIRING, TRAINING AND SAFETY**

1. Indicate which of the following is part of your driver screening/hiring process:

Employment background check  Pre-employment drug test  
 Criminal background check  Road test  
 Motor vehicle record (MVR) review  Pre-employment Screening Program (PSP) Report from FMCSA

2. Indicate which of the following is part of your driver performance management process:

Annual review of driver's driving record (MVR)  Review of electronic driver data (telematics)  
 Periodic review of driver and vehicle out-of-service violations  Incentives for violation-free and accident-free driving  
 Periodic review of accidents/incidents  Formal corrective action procedures  
 Driver Cargo Securement Training  Driver safety training  
 Driver Theft Avoidance Training

3. Indicate which of the following is part of your written equipment management program:

Vehicle Inspection  Vehicle Maintenance  Equipment Replacement

4. Do you have a Safety Director?  Yes  No  
 If yes:  Full Time  Part Time # Years with Company: \_\_\_\_\_

**TRUCK TECHNOLOGY**

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

	# Owned Units	# O/O* Units
Automatic Emergency Braking (AEB)		
Forward Facing Cameras		
Forward Collision Mitigation		
Lane Departure Warning		
Blind Spot Warning		
GPS Tracking/Anti-Theft Devices		
Other:		
Other:		

\*Owner/Operators or Independent Contractors

2. Indicate % of your power units with telematics installed? If none, leave blank and skip to Question 3:  
 Owned Units % \_\_\_\_\_ O/O Units % \_\_\_\_\_
- a. Indicate your telematics service provider and/or data management vendor (if different, list both):  
 \_\_\_\_\_
- b. Do you use telematics data to manage drivers?  Yes  No
3. Are your trucks equipped with technology that enables platooning, semi-autonomous, autonomous operations, or other similar operations?  Yes  No If yes, explain:  
 \_\_\_\_\_

**UNITS REVENUE AND MILEAGE - Actual and Estimated**

	Period	Units	Total Revenue	Total Mileage
Projected				
Current				
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				

Does IFTA mileage include all Owner/Operator mileage?  Yes  No

If no, indicate the total Owner/Operator mileage per year:  
 \_\_\_\_\_

**INSURANCE HISTORY AND LOSS EXPERIENCE**

1. 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: \_\_\_\_\_
2. Prior years of continuous insurance coverage, with no lapse, under business name with:  
 Primary Auto Liability: \_\_\_\_\_ Non-Trucking Auto Liability: \_\_\_\_\_
3. List the corporation, LLC or trade name along with MC and DOT numbers you (or if the insured is an LLC or corporation, its principals) have done business under in the past 3 years:  
 Company Names and MC and DOT numbers: \_\_\_\_\_  
 Insurance Provider(s): \_\_\_\_\_

**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*	# Losses
to			
to			
to			
to			
to			

**SCHEDULE OF EQUIPMENT OPERATED**

Provide a schedule of equipment to include Year, Make, Vehicle and Trailer Type, VIN Number, GVW, Stated Limit, Radius of Operation, Ownership Status and Additional Interest information.

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.

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

**COVERAGES** AUTO LIABILITY Limits: \_\_\_\_\_ CSL Deductible: \_\_\_\_\_ BASKET DEDUCTIBLE \_\_\_\_\_ LIABILITY FOR NON-TRUCKING USE Limits: \_\_\_\_\_ CSL

Leased to: \_\_\_\_\_

 NONOWNERSHIP LIABILITY Number of Employees: \_\_\_\_\_ HIRED AUTO LIABILITY Cost of Hire: \_\_\_\_\_ MEDICAL PAYMENTS Limits: \_\_\_\_\_ REPORTING BASIS:  Revenue  Mileage  Units DEDUCTIBLE REIMBURSEMENT *Complete and Attach Supplement* TRAILER INTERCHANGE *Provide a Copy of Agreement*

# of Power Units Under Agreement: \_\_\_\_\_ Maximum Trailer Value: \_\_\_\_\_

# Trailer Days per Power Unit Per Year: \_\_\_\_\_ Deductible: \_\_\_\_\_

**PHYSICAL DAMAGE DEDUCTIBLES** Comprehensive \_\_\_\_\_ OR  Specified Causes of Loss \_\_\_\_\_ Collision \_\_\_\_\_ HIRED AUTO PHYSICAL DAMAGE *Complete and Attach Supplement* CARGO Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_**OPTIONAL CARGO COVERAGES: (Check all that apply)** Temperature Control  Electronics  Hired Auto Cargo Aluminum, Copper  Hard Liquor Cost of Hire: \_\_\_\_\_ Additional Earned Freight Increase Limit to \$5,000  Pharmaceuticals**COMBINED DEDUCTIBLE**

Coverage included unless declined.

 Decline Combined Deductible**RENTAL REIMBURSEMENT** Selected Units OR  All Units

Days of Coverage:

Amount Per Day: \_\_\_\_\_

 30  120 GENERAL LIABILITY *Complete and Attach GL Application Supplement***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](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.

**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.

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**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.

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APPLICANT'S SIGNATURE

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DATE

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APPLICANT'S TITLE

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APPLICANT'S PRINTED NAME

---

PRODUCER'S SIGNATURE

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PHONE #

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FAX #