



TRUCK APPLICATION 1-10 Power Units

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 _____

Tax ID: Federal ID # or SS # _____ U.S. DOT # _____ Yrs. in Trucking Industry _____ Yrs. Operating Under Business Name _____

Loss Control Services Contact Person Name _____ Contact's Phone _____

Loss Control E-Mail Address _____

OWNER/PRINCIPAL

Owner Name (First, Middle, Last) _____

SS # of Owner _____ Home Address _____ Apt. # _____

City _____ State _____ ZIP Code _____ Business Phone _____

DESCRIPTION OF OPERATIONS

Type of Operation
 For Hire Private Non-Trucking Other:

Commodity (Check any that apply)

Hazardous Materials requiring \$1,000,000 Liability limits or less Refuse/Waste/Garbage

Hazardous Materials requiring Liability limits higher than \$1,000,000.

Explain: _____

Commodity	% of Loads	Max. Value	Commodity	% of Loads	Max. Value

Range of Transport

Interstate Intrastate

Operations Less than 300 Mile Radius - List City Destinations Below

Operations Beyond 300 Mile Radius - 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"/> Orlando | <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"/> Philadelphia | <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"/> Phoenix | <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"/> Pittsburgh | <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"/> Portland | <input type="checkbox"/> Tampa |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> Richmond | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> St. Louis | |

Cities other than above or regular routes: _____

Percent of Loads: 0 - 100 Miles _____ 101 - 300 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 # _____
- 2. 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 _____
- 3. Is all equipment operated under the applicant's authority scheduled on the application?
If no, explain. _____
- 4. Is all owned equipment scheduled on this application?
If no, explain. _____
- 5. 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.
- A. Are hired vehicles permanently leased to your company? If yes:
 - (1) Are these vehicles listed on the application?
 - (2) Are these vehicles leased with drivers? If yes, complete T-376.
 - (3) Do you require leased vehicle owners to purchase non-trucking liability coverage?
- B. Do you hire additional drivers or equipment to haul for you under a trip lease or subhaul agreement?
If yes:
 - (1) Indicate estimated number of trips: Per Month _____ Per Year _____
 - (2) Indicate estimated annual cost of hire: Per Month _____ Per Year _____
- 6. Do you lease to others? If yes, who must provide primary insurance? You Other
 If you provide insurance, is coverage desired for Lessees?
- 7. Do you pull doubles and/or triples? If yes, specify: _____
- 8. 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.

Use N-3077 if 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	Past 3 Years		
						# Violations Minor	Major	# 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	Total Mileage
Past 12 Months					
Next 12 Months					

INSURANCE HISTORY AND LOSS EXPERIENCE

1. Has an insurance company cancelled or non renewed your policy in the last 3 years? Yes No

If yes, explain: _____

2. Prior years insurance under business name: _____

3. Have you ever had truck insurance under a different entity name? Yes No

If yes, Entity Name: _____

*Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab.

Prior Carrier Effective Dates From - To	Prior 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 Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		

***Vehicle Type Legend**

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

ADDITIONAL INTERESTS

AI Type* AI - Additional Insured LP - Loss Payee LE - Employee as Lessor AL - Lessor-Additional Insured and Loss Payee

Unit #	AI Type*	Name	Address	City	State	ZIP Code

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

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

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

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, 385 Washington St., St. Paul, MN 55102.