Northland INSURANCE

OHIO
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

Website Address

Garaging Address
(if different)

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:

Location(s)	# Units	Address, City, State

OWNER/PRINCIPAL

Owner Name (First, Middle, Last)			Yrs. Experience in Trucking
SS # of Owner	**Home Address**		**Apt. #**
City	**State**	**ZIP Code**	**Business Phone**

DESCRIPTION OF OPERATIONS

Type of Operation: ☐ For Hire ☐ Not For Hire ☐ Non-Trucking ☐ Private
☐ Other:

Commodities Hauled (Check all that apply)

☐ Intermodal Containers
☐ Refuse/Waste/Garbage
☐ Hazardous Materials requiring $1,000,000 Liability limits or less
☐ 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

Identify Metropolitan Areas Traveled Through or Into

☐ Atlanta	☐ Cleveland	☐ Jacksonville	☐ Milwaukee	☐ Philadelphia	☐ Salt Lake City
☐ Balt.-Washington	☐ Dallas/Ft. Worth	☐ Kansas City	☐ Mpls./St. Paul	☐ Phoenix	☐ San Diego
☐ Boston	☐ Denver	☐ Little Rock	☐ Nashville	☐ Pittsburgh	☐ San Francisco
☐ Buffalo	☐ Detroit	☐ Los Angeles	☐ New Orleans	☐ Portland	☐ Seattle
☐ Charlotte	☐ Hartford	☐ Louisville	☐ New York City	☐ Richmond	☐ Tulsa
☐ Chicago	☐ Houston	☐ Memphis	☐ Oklahoma City	☐ St. Louis	☐ _____
☐ Cincinnati	☐ Indianapolis	☐ Miami	☐ Omaha		

Cities other than above or regular routes:

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Percent of Loads: 0 - 75 Miles _____ 76 - 300 Miles _____ 301 Miles +_____

Longest Trip One Way: _____ Miles

Yes	No		
☐	☐	1.	Are filings required? If yes, complete **Filing Information** form.
☐	☐	2.	Do you act as a freight-broker or freight-forwarder or arrange loads for others in your name or a different name? If yes, Brokerage Name: _____
			MC #_____ Annual Brokerage Revenue _____
			Indicate % of loads brokered by you to others: _____
☐	☐	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 referred to others?
☐	☐		c. Is there a written agreement? If yes, attach a copy.
			d. Indicate % of loads referred: _____
☐	☐	4.	Is all equipment operated under the applicant's authority scheduled on the application?
			If no, explain: _____
☐	☐	5.	Is all owned equipment scheduled on this application?
			If no, explain: _____
☐	☐	6.	a. Do you lease your power units to others?
☐	☐		b. Do you lease your trailers to others?
			c. If yes, who must provide primary liability coverage? ☐ You ☐ Lessee
☐	☐	7.	Do other motor carriers or owner-operators haul for you? **If yes, complete questions below, complete Hired Autos Application Supplement and attach copy of lease agreement.** If no, skip to question #8.

A. Name on the Bill of Lading: ☐ Yours ☐ Others

	☐ Permanent Basis	☐ Temporary/ Trip Basis
B. On what basis are they leased?		
C. Provide annual cost of hire or # of trips		
D. Are vehicles leased with driver?	☐ Yes ☐ No	☐ Yes ☐ No
E. Are leased vehicles included in this application for insurance?	☐ Yes ☐ No	☐ Yes ☐ No
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	☐ Yes ☐ No	☐ Yes ☐ No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	☐ Yes ☐ No	☐ Yes ☐ No
b. Limit of Liability required:	$_____	$_____
c. Do you secure evidence the lessor has primary auto liability coverage?	☐ Yes ☐ No	☐ Yes ☐ No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?	☐ Yes ☐ No	☐ Yes ☐ No
(3) Do you require Owner Operators to purchase Workers Compensation or Occupational Accident coverage?	☐ Yes ☐ No	☐ Yes ☐ No

☐	☐	8.	Do you pull doubles or triples?
☐	☐	9.	Do you engage in any residential deliveries?
			If yes, explain: _____
☐	☐	10.	Is any portion of your operation seasonal? If yes, explain: _____
☐	☐	11.	a. Do you use any team, hot seat, slip seating or relay driver operations?
☐	☐		b. Do you use owner operators as part of team driving?
☐	☐	12.	Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

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Yes	No	
☐	☐	13. 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.
☐	☐	14. Do you require use of escort vehicles? If yes, and escort vehicles are **not included** in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits. If yes and the escort vehicles are **included** in this application, drivers of escort vehicles should be listed in the Driver information section.
☐	☐	15. Do you haul over size, over weight loads? If yes, explain: _____
☐	☐	16. 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: _____

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	# 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

DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:
   - ☐ Employment background check
   - ☐ Criminal background check
   - ☐ Motor vehicle record (MVR) review
   - ☐ Pre-employment drug test
   - ☐ Road test
   - ☐ Pre-employment Screening Program (PSP) Report from FMCSA
2. Which of the following is part of your driver performance management process:
   - ☐ Annual review of driver's driving record (MVR)
   - ☐ Periodic review of driver and vehicle out-of service violations
   - ☐ Periodic review of accidents/incidents
   - ☐ Review of electronic driver data (telematics)
   - ☐ Incentives for violation-free and accident-free driving
   - ☐ Formal corrective action procedures
   - ☐ Driver safety training
3. Do you adhere to a written vehicle inspection and maintenance program? ☐ Yes ☐ No
   If yes, explain or attach program: _____
4. Are your trucks equipped with technology that enables platooning, semi-autonomous, autonomous operations, or other similar operations? ☐ Yes ☐ No
   If yes, explain:

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MILEAGE - Actual and Estimated

	Units	Mileage Per Unit	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 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	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. If you have more than 10 power units, complete form N-2379, Fleet Application (or state equivalent).

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: ☐ Owned ☐ Employee Owned ☐ Leased w/ Driver Incl. Non-Trucking ☐ Leased Without Driver ☐ Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: ☐ Owned ☐ Employee Owned ☐ Leased w/ Driver Incl. Non-Trucking ☐ Leased Without Driver ☐ Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: ☐ Owned ☐ Employee Owned ☐ Leased w/ Driver Incl. Non-Trucking ☐ Leased Without Driver ☐ Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: ☐ Owned ☐ Employee Owned ☐ Leased w/ Driver Incl. Non-Trucking ☐ Leased Without Driver ☐ Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: ☐ Owned ☐ Employee Owned ☐ Leased w/ Driver Incl. Non-Trucking ☐ Leased Without Driver ☐ Leased w/ Driver Excl. Non-Trucking			

***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)

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ADDITIONAL INTERESTS

Type*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee
LI - Leased with Driver Including Non-Trucking LX - Leased with Driver Excluding Non-Trucking

Unit #	Type*	Name	Address	City	State	ZIP Code

COVERAGES

☐ AUTO LIABILITY Limits: _____ CSL
☐ 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
Amount Per Day: _____
Days of Coverage: ☐ 30 ☐ 120

☐ DELUXE COVERAGE ENDORSEMENT

☐ GENERAL LIABILITY *Complete and Attach GL Application Supplement*

UNINSURED / UNDERINSURED MOTORISTS

☐ UNINSURED MOTORISTS BODILY INJURY Limits: _____
☐ UNDERINSURED MOTORISTS BODILY INJURY Limits: _____
☐ UNINSURED MOTORISTS PROPERTY DAMAGE Limits: _____
(Available only to autos not insured for collision.)

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.

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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.

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. **Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.** 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 | DATE | APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE | PHONE # | FAX #

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