



**CALIFORNIA
TRUCK FLEET APPLICATION
11 or More Power Units**

Entire Application Must Be Completed and Signed

Submission Number:	Proposed Effective Dates: FROM:	TO:
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GENERAL INFORMATION

Individual Corporation Partnership LLC Other:

Name _____

Mailing Address _____

City	State	ZIP Code	Business Phone
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E-Mail Address _____

Website Address _____

Garaging Address (if different) _____

City	State	ZIP Code
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Yrs. Applicant has been Operating Under Business Name	U.S. DOT #	MC #	CA Permit #
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Do you operate more than one terminal? Yes No If yes, provide the following:

Location(s)	# Units	Address, City, State

Safety Contact Person Name	Contact's Phone
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Safety E-Mail Address _____

OWNER/PRINCIPAL

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

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

1. Do you engage in operations other than trucking? Yes No
If yes, explain: _____

2. 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: _____

Commodities Hauled (Check all that apply)

Intermodal Containers 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

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: 0-300 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. Do you use sub-haulers? If yes, cost of hire: \$ _____ Provide a copy of each contract.
5. Is all equipment operated under the applicant's authority scheduled on the application?
 If no, explain: _____
6. Is all owned equipment scheduled on this application?
 If no, explain: _____
7. 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
8. 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 #9.**

A. Name on the Bill of Lading: <input type="checkbox"/> Yours <input type="checkbox"/> Others		
B. On what basis are they leased?	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/Trip Basis
C. Provide annual cost of hire or # of trips		
D. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are leased vehicles included in this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of Liability required:	\$ _____	\$ _____
c. 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
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do you require Owner Operators to purchase Workers Compensation or Occupational Accident coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yes No

- 9. Do you pull doubles or triples?
- 10. Do you engage in any residential deliveries?
If yes, explain: _____
- 11. Is any portion of your operation seasonal? If yes, explain: _____
- 12. 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?
- 13. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
- 14. 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.
- 15. 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.
- 16. Do you haul over size, over weight loads?
If yes, explain: _____
- 17. 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: _____

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. Truck Fleet - No. of drivers:	Regularly Employed _____	Part Time _____	Owner/Operator _____
	Leased _____	Casual _____	TOTAL _____
How are drivers paid?	<input type="checkbox"/> Hourly	<input type="checkbox"/> Trip	<input type="checkbox"/> Mileage
			<input type="checkbox"/> Other
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. _____	Min. _____ Max. _____

DRIVER HIRING, TRAINING AND SAFETY

- 1. 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. 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 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: _____
- 5. How often do you replace your equipment? _____
- 6. Do you have any type of theft avoidance policies? Yes No
If yes, explain or attach policy. _____
- 7. Do you use any of the anti-theft devices to track equipment? Yes No
If yes, explain: _____
- 8. Do you have a Safety Director? Yes No
If yes: Full Time Part Time # Years with Company: _____

UNITS REVENUE AND MILEAGE - Actual and Estimated

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

INSURANCE HISTORY AND LOSS EXPERIENCE

- Has an insurance company cancelled or non-renewed your policy in the last 3 years?
 Yes No If yes, explain: _____
- Prior years insurance under business name with: Primary Auto Liability: _____
Non-Trucking Auto Liability: _____
- 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					
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. Refer to Legends below.

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							

Ownership Legend

- 1 - Owned 3 - Employee Owned 4 - Leased w/ Driver Incl. Non-Trucking
2 - Leased Without Driver 5 - 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)

Additional Interests

- 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

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: _____

SUBHAUL 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

GENERAL LIABILITY *Complete and Attach GL Application Supplement*

UNINSURED / UNDERINSURED MOTORISTS OPTIONS - Quoting Purposes Only

UNINSURED (INCL. UNDERINSURED) MOTORISTS BODILY INJURY COVERAGE Limits: _____

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorists Coverage Application 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.

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 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.** 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 #

(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 _____