



**CALIFORNIA
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 # _____ CA Permit # _____

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

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:

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: 0 - 300 Miles _____ 301 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. 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 this application?
If no, explain: _____
- 6. Is all owned equipment scheduled on this application?
If no, explain: _____
- 7. Do you lease your equipment to others? Power Units Trailers
If yes, who must provide primary liability coverage? You Lessee
- 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. Do you use any team, hot seat, slip seating or relay driver operations?
- 12. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
- 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 haul over size, over weight loads?
If yes, explain: _____
- 15. Do you hire escort vehicles?
If yes, do you require them to provide a certificate of insurance?
- 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: _____
- 17. 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 T-565, Leased/Hired Autos Supplement , 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?

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			

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: _____

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.

