



# OREGON COMMERCIAL AUTO FLEET INSURANCE APPLICATION

*Entire application must be completed and signed.*

<b>GENERAL INFORMATION</b>		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			
Name _____		Yrs. in Trucking Industry _____ Yrs. Under Business Name _____			
Mailing Address _____		Federal ID # or SSN _____	U.S. DOT Number _____		
City _____	State _____	Zip _____	Date Coverage Desired: FROM _____ TO _____		
Garaging Location(s) if different: _____		City _____	State _____ ZIP _____ Phone ( ) _____		
<b>DESCRIPTION OF OPERATIONS</b>		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (Explain) _____			
<b>Range of Transport</b>	<b>Commodity</b>				
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Materials requiring \$1,000,000 liability limits or less <input type="checkbox"/> Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)				
<b>OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations Below</b>					
1	2	3	4		
<b>OPERATIONS BEYOND 300 MILE RADIUS: Identify Metropolitan Areas Traveled Through Or Into</b>					
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee		
<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"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville		
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans		
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City		
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City		
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha		
<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Francisco		
<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Seattle	<input type="checkbox"/> Portland	<input type="checkbox"/> Tulsa		
<input type="checkbox"/> Richmond	<input type="checkbox"/>	<input type="checkbox"/> St. Louis	<input type="checkbox"/>		
<input type="checkbox"/> Salt Lake City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cities other than above or regular routes _____					
<b>COMMODITIES TRANSPORTED</b>					
<b>Commodity</b>	<b>Percent of Loads</b>	<b>Maximum Value</b>	<b>Commodity</b>	<b>Percent of Loads</b>	<b>Maximum Value</b>
<b>YES</b>	<b>NO</b>	<input type="checkbox"/> <input type="checkbox"/> 1. Are filings required? If yes, complete form N-710, Filing Information. Docket #: _____ <input type="checkbox"/> <input type="checkbox"/> 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? If yes, provide Brokerage Name: _____ Docket #: _____ Annual Brokerage Revenue: \$ _____ <input type="checkbox"/> <input type="checkbox"/> 3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation. <input type="checkbox"/> <input type="checkbox"/> 4. Is all owned equipment scheduled on this application? If no, attach explanation.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 5. Is all of the scheduled equipment owned by you? If no, attach explanation. <input type="checkbox"/> <input type="checkbox"/> 6. 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 7. a. Are hired vehicles permanently leased to your company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are these vehicles listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are these vehicles leased with drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you require leased vehicle owners to have non-trucking liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Are vehicles hired on an "as needed" basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the estimated number of trips:    per month _____ per year _____ If yes, what is the estimated annual cost of hire:    per month \$ _____ per year \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 7. Do you lease to others? If yes, who must provide primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other If you provide insurance, is coverage desired for: <input type="checkbox"/> Named Lessee(s)    OR <input type="checkbox"/> All Lessees (Blanket Basis) If Named Lessee(s), attach a list of Name and Address for each lessee. <input type="checkbox"/> <input type="checkbox"/> 8. Do you pull doubles? <input type="checkbox"/> Yes <input type="checkbox"/> No    Triples? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/>	<input type="checkbox"/>	9. Do you haul containers or containerized freight?												
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.												
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you operate more than one terminal? If yes, provide the following:												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:35%;">Location(s)</th> <th style="width:15%;"># Units</th> <th style="width:50%;">Address, City, State</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Location(s)	# Units	Address, City, State									
Location(s)	# Units	Address, City, State												
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you use any team, hot seat, slip seating or relay driver operations?												
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If so, attach a copy of the contract. _____												
<input type="checkbox"/>	<input type="checkbox"/>	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 N-467.												

**LIENHOLDER INFORMATION**      **Attach All Lienholder Information For Each Unit.**

**LEASED OR HIRED**      **Attach Samples of Agreements.**

Does Applicant/Insured do trip leasing to the extent that it comprises more than 5% of his gross receipts?  Yes    No  
 If Yes, explain operation in detail: \_\_\_\_\_

Is equipment leased or hired?  Yes    No      **Attach explanation and examples of agreements.**

	With Driver	Without Driver	Avg. Duration of a Trip Lease	Avg. # of Trip Lease Per Year	Est. Trip Lease Payments Per Year	Ins. Provided By		With Hold Harmless Naming Other Part As Additional Insured?
						Lessor	Lessee	
From Others								<input type="checkbox"/> Yes <input type="checkbox"/> No
To Others								<input type="checkbox"/> Yes <input type="checkbox"/> No

Under whose Bill of Lading is shipment moved when leased to others? \_\_\_\_\_  
 From Others? \_\_\_\_\_  
 What % of DEADHEADING? \_\_\_\_\_ Total miles deadheading \_\_\_\_\_  
 Do they backhaul?  Yes    No      What do they backhaul? \_\_\_\_\_  
 What are restrictions on backhauling? \_\_\_\_\_

**SCHEDULE OF EQUIPMENT OPERATED**      **Provide a schedule of equipment to include "Make," Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation.**

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

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

	Period	Units	Revenue	Mileage
Projected				
Current				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				
3 <sup>rd</sup> Prior				

**SUMMARY OF EQUIPMENT VALUES**

Total Fleet Value	No. of Units	Average Value
Total Tractor Value	No. of Units	Average Value
Total Trailer Value	No. of Units	Average Value
Highest Tractor Value	Highest Trailer Value	Lowest Tractor Value
		Lowest Trailer Value



<b>COVERAGES</b>				
<input type="checkbox"/> AUTO LIABILITY		<input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____ )		
<input type="checkbox"/> LIABILITY FOR NONTRUCKING USE Leased to: _____				
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL <span style="float:right;"><input type="checkbox"/> Deductible \$ _____</span>				
<input type="checkbox"/> HIRED AUTO LIABILITY If Reporting Basis: <input type="checkbox"/> Revenue <input type="checkbox"/> Mileage <input type="checkbox"/> Units				
<input type="checkbox"/> Medical Payments Limits _____				
DEDUCTIBLE REIMBURSEMENT			<input type="checkbox"/> TRAILER INTERCHANGE (provide a copy of agreement)	
<input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage <input type="checkbox"/> Cargo			# Power units under agreement _____	
Limit _____			Maximum trailer value _____	
Retained Amt. _____			# trailer days per power unit _____	
PHYSICAL DAMAGE Deductibles:		<input type="checkbox"/> CARGO	COMBINED	RENTAL REIMBURSEMENT
<input type="checkbox"/> Comprehensive OR \$ _____		Limit \$ _____	DEDUCTIBLE	<input type="checkbox"/> Selected Units <input type="checkbox"/> All Units
<input type="checkbox"/> Specified Perils \$ _____		Deductible \$ _____	Coverage included unless	Amt. Per Day \$ _____
<input type="checkbox"/> Collision \$ _____		<input type="checkbox"/> Decline Hired Auto Cargo	declined.	Days of coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120
		<input type="checkbox"/> Expanded Refrigeration	<input type="checkbox"/> Decline	
<b>UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS</b>				
<input type="checkbox"/> Uninsured Motorist		Limits: _____		
<input type="checkbox"/> Underinsured Motorist		Limits: _____		
<input type="checkbox"/> Personal Injury Protection		Limits: _____		
Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorist/Underinsured Motorist and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.				
<b>NORTHLAND'S FLEET SERVICES SUMMARY:</b>				
<ul style="list-style-type: none"> <li>✓ Northland's <b>Transportation Safety Library</b> on the Internet at <a href="http://www.truckinsurance.com">www.truckinsurance.com</a> provides customers with a wide range of safety management, DOT compliance, and driver training tools and resources.</li> <li>✓ <b>Drive Times</b>, Northland's quarterly truck safety newsletter, offers safety tips and transportation news for drivers and safety managers.</li> <li>✓ Our <b>Risk Control Specialists</b> are available to assist you with safety program development, driver training, and DOT compliance.</li> <li>✓ Each member of Northland's Claim staff is a <b>specialist</b> in the area of commercial auto.</li> <li>✓ Our <b>"800" number</b> is attended by a specialist <b>seven days a week, 24 hours a day, 365 days a year.</b></li> <li>✓ Northland can also provide <b>other product lines of coverage</b> such as General Liability or higher limits if necessary. Please talk to your agent for additional coverage needs.</li> </ul>				
<b>In order to furnish a quote, the following information is necessary:</b>				
a. Complete driver list, both company and owner operator, showing full name, date of birth, drivers license number, social security number, date of hire and <b>most recent MVRs.</b>				
b. Complete list of all equipment including complete serial number and gross vehicle weight, including owned or leased and owner operated.				
c. Provide a description of all safety activities and incentives. Include Passenger Policy, if applicable.				
d. Pro-rata (Schedule B) Mileage Sheet.				
e. Current Annual Financial Statement including both profit and loss statements.				

**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.

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. **It may be 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.** 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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER'S SIGNATURE