



BUSINESS AUTO INSURANCE APPLICATION

Entire application must be completed and signed

GENERAL INFORMATION		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____								
Name _____				Federal ID # or SSN _____						
Mailing Address _____					Yrs. Business Has Been Owned _____					
City _____	State _____	Zip _____	E-Mail _____		Date Coverage Desired: FROM _____ TO _____					
Garaging Location(s) if different: _____		City _____	State _____	Zip _____	Phone (____) _____					
Loss Control Services Contact Person: Name: _____ Phone Number: _____										
OPERATIONS										
Description of business operations (Provide specific details on type of business and use of vehicles.) 										
Metro Areas Traveled Through or Into										
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Chicago	<input type="checkbox"/> Detroit	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Miami	<input type="checkbox"/> New York City	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Francisco			
<input type="checkbox"/> Balt-Washington	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Hartford	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> Portland	<input type="checkbox"/> Tulsa			
<input type="checkbox"/> Boston	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Houston	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Omaha	<input type="checkbox"/> Richmond	<input type="checkbox"/> _____			
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Louisville	<input type="checkbox"/> Nashville	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> St. Louis	<input type="checkbox"/> _____			
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Denver	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Memphis	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> _____			
List all other states into which your vehicles are operated: _____										
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%;">YES</td> <td style="width: 5%;">NO</td> <td></td> </tr> </table>								YES	NO	
YES	NO									
<input type="checkbox"/>	<input type="checkbox"/>	1. Is there "for hire" use of vehicles? If yes, explain. _____								
<input type="checkbox"/>	<input type="checkbox"/>	2. Are filings required? If yes, complete form N-710, Filing Information. _____								
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you lease or hire equipment from others? If yes, is it: <input type="checkbox"/> Permanently Leased? <input type="checkbox"/> Trip Leased?								
<input type="checkbox"/>	<input type="checkbox"/>	a. If permanently leased, is it scheduled on this application?								
<input type="checkbox"/>	<input type="checkbox"/>	b. If permanently leased, are autos hired with drivers?								
<input type="checkbox"/>	<input type="checkbox"/>	c. If trip leased, complete form N3330 (Hired Supplement).								
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you rent or lease your vehicle to others? If yes, who must provide the primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other								
<input type="checkbox"/>	<input type="checkbox"/>	5. Any personal use of the vehicles? If yes, provide percentage (%) and details _____								
<input type="checkbox"/>	<input type="checkbox"/>	6. Are all commercially owned and operated units listed? If no, please explain. _____								
<input type="checkbox"/>	<input type="checkbox"/>	7. Are all units owned by you? If no, please explain. _____								
<input type="checkbox"/>	<input type="checkbox"/>	8. Are all units registered in garaging location state? If no, please explain. _____								
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you agree to promptly report all new drivers?								
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you operate any mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete N467.								
<input type="checkbox"/>	<input type="checkbox"/>	11. Is any vehicle modified or specially equipped? If yes, please explain modifications and purpose. _____								
<input type="checkbox"/>	<input type="checkbox"/>	12. Do any vehicles have a boom attached exceeding 60 feet in length? If yes, complete N3372.								
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you adhere to a hiring/training/safety program? If yes, describe or attach program. _____								
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you adhere to a vehicles inspection/maintenance program? If yes, describe or attach program. _____								

INSURANCE HISTORY & LOSS EXPERIENCE Yrs. Prior Insurance Under Business Name _____

HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?
 Yes No If yes, explain. _____

(Attach list if additional space is needed)

FROM Mo/Yr	TO Mo/Yr	Insurance Company	Type: P = Phy. Damage C = Cargo L = Liability	Policy Number	# Units Insured	Any losses during the policy term?	#	Total Incurred Amount	Driver(s) Involved In Loss
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			

SCHEDULE OF AUTOS/TRAILERS TO BE INSURED (Use N3415 if additional space needed.)

No.	Year	Make	Model	VIN #	GVW/GCW	Radius	Stated Value	Vehicle Type*	<input type="checkbox"/> Specified or <input type="checkbox"/> Comp Ded.	Collision Ded.

*** Vehicle Type Legend**

PU = Pickup OT = Other TK = Truck TR = Trailer
 PP = Private Passenger TC = Tractor VN = Vans ME = Mobile Equipment

LIENHOLDER INFORMATION

Unit No.	Name and Address

Must be completed for all drivers. (Use N3415 if additional space is needed.)

Driver	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	# Violations Past 3 Years	# of Accidents Past 3 Years

COVERAGES

LIABILITY

Limits: Combined (BI/PD) CSL: \$ _____ each accident OR Bodily Injury \$ _____ per person \$ _____ each accident

Property Damage \$ _____ each accident

Hired Auto Liability – Estimated cost of hire \$ _____ (Complete N3330)

Employers Non-ownership - # of employees _____ (Complete N3414)

PHYSICAL DAMAGE

Use "Schedule of Autos" section to indicate Stated Value and applicable deductible for autos with Physical Damage Coverage.

CARGO

Limit \$ _____

Deductible \$ _____

Description _____

UNINSURED/UNDERINSURED MOTORIST/PIP/MED PAY OPTIONS

- Uninsured Motorist Limits: _____
- Underinsured Motorist Limits: _____
- Medical Payments Limits: _____
- Personal Injury Protection Limits: _____

Coverage and limit choices in this section are for quoting purposes only. Please note that a separate Northland Insurance Companies Supplemental Uninsured Motorist/Underinsured Motorist, Medical Payments, and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.

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. Your 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.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.

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. It is 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

 DATE

 APPLICANT'S TITLE

 APPLICANT'S PRINTED NAME

 PRODUCER'S SIGNATURE