

## CALIFORNIA TRUCK APPLICATION 1-10 Power Units

Entire Application Must Be Completed and Signed

Submission Number:	Propo	osed Effe	ective Dates:	FROM:		TO:		
GENERAL INFORMATION								
☐ Individual ☐ Corporation ☐ Partne	rship		C Othe	ər:				
Name								
Mailing Address								
City	(	State ZIP Code			Business Phone			
E-Mail Address								
Website Address								
Garaging Address								
(if different)	1,	31-1- T	710.0 - 1-					
City	١	State	ZIP Code					
Yrs. Applicant has been Operating Under Business Na	me	U.S. DOT# MC#				CA Permit #		
Do you operate more than one terminal?	s	No If	yes, provide th	e fo <b>ll</b> owii	ng:	1		
Location(s) #	Units			Addre	ess, City, State			
OWNER/PRINCIPAL						1		
Owner Name (First, Middle, Last)		Yrs. Experience in True						
SS # of Owner Home Address				Apt. #				
City			State ZIP Code		le	Business Phone		
DESCRIPTION OF OPERATIONS		Į.				1		
Type of Operation:  For Hire  Not  Other:	For Hi	ire [	Non-Truckir	ng	Private			
Commodities Hauled (Check all that apply)								
					ility limits or less			
Refuse/Waste/Garbage Hazardous  Explain:	Mater	ials requ	iring Liability I	imits hig	gher than \$1,000,	000		
Commodity % of Loads	Max.	Max. Value Commodity			9	% of Loads Max. Value		
Range of Transport  Interstate Intrastate								
Identify Metropolitan Areas Traveled Through	or Into	•						
Atlanta Cleveland BaltWashington Dallas/Ft. Worth Boston Denver Buffalo Detroit Charlotte Hartford Chicago Houston Cincinnati Indianapolis Cities other than above or regular routes:	☐ Jacks ☐ Kans ☐ Little	sonville as City Rock Angeles sville phis	Milwaul Mpls./S Nashvil New Or New Yo Oklaho	ot. Paul le leans ork City ma City	☐ Philadelph☐ Phoenix☐ Pittsburgh☐ Portland☐ Richmond☐ St. Louis	☐ San Diego ☐ San Francisc ☐ Seattle		

Perce	nt of L	oad	s: 0-300 Miles 301+ Miles							
Longe	est Trip	On	e 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 oth name? If yes, Brokerage Name:	ners in yo	ur name	or a diffe	erent			
			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	de a copy	of each	contract	<u>.</u>			
		5.	Is all equipment operated under the applicant's authority scheduled on th	e applica	tion?					
			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?	Lessee						
		8.	Do other motor carriers or owner-operators haul for you?							
			If yes, complete questions below, complete Hired Autos Application St	upplemei	nt and a	ttach co	y of			
			lease agreement. If no, skip to question #9.							
			A. Name on the Bill of Lading:	☐ Peri	manent	│□Tem	porary/			
			B. On what basis are they leased?  Basis  Trip Basis							
			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? (1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	☐ Yes	∐ No □ No	☐ Yes	∐ No □ No			
			(2) If no:							
			<ul> <li>a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?</li> </ul>	☐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			
		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 explain program (frequency, requirements), etc.	copy of p	assenge	er progra	m or			

Yes	No										
		14.	Do you operate n vehicle insurance Coverage, comple	law in the state w	here it is lic	censed or princi			₹		
		☐ 15. Do you require use of escort vehicles?									
	If yes, and escort vehicles are <b>not included</b> in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.									the	
			If yes and the esc the Driver informa		<b>icluded</b> in t	his application,	drivers o	of escort veh	icles should be	e listed in	
	☐ 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 loa	ads these commo	dities repre	sent for your b	usiness:				
Use	N-3077	if ac	lditional space is n	eeded for Driver I	nformation,	Insurance Hist	tory, Sche	edule of Aut	os or Additiona	I Interests.	
			MATION								
Mus	t be Co		ted for All Drivers r Name	1				#Van Dairina			
	(La		st, Middle)	Date of Birth	Lice	nse Number	State	# Yrs. Driving Similar Equip.	Date of Hire	# Accidents	
										<u> </u>	
			YMENT HISTORY		in value name	aa muu ida thu			hiotom, for oool	h drivor	
			ad insurance for th 9 for additional driv								
( ) )			r Name				,	10 1100	Dates of	Туре	
	(Las	t, Fir	st, Middle)	I	Prior Employı	nent and Full Add	ress		Employment	of Unit	
	VER HII	RING	. TRAINING AND	SAFETY						<u> </u>	
			following is part o		ening/hiring	process:					
	☐ Employment background check ☐ Pre-employment drug test										
	☐ Criminal background check ☐ Road test										
	_	nina	-	_	☐ Road tes						
	Crir		-	k [	_	: oyment Screen	ing Progr	am (PSP) R	Report from FM	CSA	
2.	☐ Crir	or ve	background chec	k ) review	☐ ☐ Pre-empl	oyment Screen		am (PSP) R	eport from FM0	CSA	
2.	Crir	or ve	l background chec chicle record (MVR	k .) review [ f your driver perfo	Pre-emplormance ma	oyment Screen	cess:			CSA	
2.	☐ Crir ☐ Mot Which c	or ve of the nual i	l background chece hicle record (MVR following is part o	k ) review  f your driver perforiving record (MVI	Pre-emplormance ma	oyment Screen anagement prod Review of e	cess: lectronic	driver data (			
2.	☐ Crir ☐ Mot Which c ☐ Anr ☐ Per	or ve of the nual i	I background chece hicle record (MVR) following is part of eview of driver's difference are the contractions of the contractio	k ) review  f your driver perforiving record (MVI	Pre-emplormance ma	oyment Screen anagement prod Review of e	cess: lectronic or violatic	driver data ( on-free and a	telematics) accident-free di		
2.	Crir Mot Which o Anr Per viol	or vented the solution of the	I background chece hicle record (MVR) following is part of eview of driver's difference are the contractions of the contractio	k [ ] review [ f your driver perforiving record (MVI and vehicle out-of s	Pre-emplormance ma	oyment Screen anagement prod Review of e	cess: lectronic or violatic ective ac	driver data ( on-free and a tion procedi	telematics) accident-free di		
	Crir Control C	or vented to the control of the cont	I background chece whicle record (MVR of following is part of the eview of driver's difference of the review of driver are	k ) review  f your driver perforiving record (MVI) and vehicle out-of so	Pre-emplormance mark)	oyment Screen anagement prod Review of e Incentives fo Formal corre	cess: lectronic or violatic ective ac y training	driver data ( on-free and a tion procedi	telematics) accident-free di		
	☐ Crir ☐ Mot Which o ☐ Anr ☐ Per viol ☐ Per Do you	or venual indication	I background chece chicle record (MVR cfollowing is part of review of driver's de review of driver ar s review of acciden	k [ ) review [ f your driver perforiving record (MVI and vehicle out-of some ats/incidents icle inspection an	Pre-emplormance mark)	oyment Screen anagement prod Review of e Incentives fo Formal corre	cess: lectronic or violatic ective ac y training	driver data ( on-free and a tion proced	telematics) accident-free di		
3.	☐ Crir ☐ Mot Which o ☐ Anr ☐ Per viol ☐ Per Do you If ye	or venual interpretation of the control of the cont	I background chece thicle record (MVR) following is part of the review of driver's difference of driver are seriew of accident to a written vehicle.	k [] ) review [ f your driver perforiving record (MVI) and vehicle out-of soluts/incidents icle inspection an	Pre-emplormance mace mace mace mace mace mace mace ma	oyment Screen anagement prod Review of e Incentives fo Formal corr Driver safety	cess: lectronic or violatic ective ac y training  Yes	driver data ( on-free and a tion procedo	telematics) accident-free di ures	riving	
3.	☐ Crir ☐ Mot Which o ☐ Anr ☐ Per viol ☐ Per Do you If ye	or vented to the control of the cont	I background chece thicle record (MVR e following is part of the review of driver are serview of accident are to a written vehood accident or attach procks equipped with	k []  c) review []  f your driver perforiting record (MVI)  and vehicle out-of so  ats/incidents  icle inspection and  ogram:  technology that e	Pre-emplormance mace mace mace mace mace mace mace ma	oyment Screen anagement prod Review of e Incentives fo Formal corr Driver safety	cess: lectronic or violatic ective ac y training  Yes	driver data ( on-free and a tion procedo	telematics) accident-free di ures	riving	
3. 4.	☐ Crir ☐ Mot Which o ☐ Anr ☐ Per viol ☐ Per Do you If ye	or vented to the control of the cont	I background check background check behicle record (MVR of following is part of review of driver are serview of accident are to a written vehicles equipped with ations?	k []  c) review []  f your driver perforiting record (MVI)  and vehicle out-of so  ats/incidents  icle inspection and  ogram:  technology that e	Pre-emplormance mace mace mace mace mace mace mace ma	oyment Screen anagement prod Review of e Incentives fo Formal corr Driver safety	cess: lectronic or violatic ective ac y training  Yes	driver data ( on-free and a tion procedo	telematics) accident-free di ures	riving	

WILEAGE -	Actua	and Estima	tea									
Units				Mileage Per Unit				Total Mileage				
Past 12 Mon	ths											
Next 12 Mon	ths											
INSURANC	E HIST	FORY AND L	OSS E	XPERIENCE								
1. Has an □ Yes	. Has an insurance company cancelled or non renewed your policy in the last 3 years?  ☐ Yes ☐ No If yes, explain:											
_	_	•	•	ess name with: F			/:					
•						Trucking Auto L						
3. List the	List the corporation, LLC or trade name along with MC and DOT numbers you (or if the insured is an LLC or corporation,											
its princ	its principals) have done business under in the past 3 years:											
Compa	ny Nan	nes and MC a	and DO	T numbers:								
Insuran	ce Pro	vider(s):										
EYDEDIEN	CE INE	EODMATION	Provi	de currently valu	od (	must be value de	atad with	nin tho	last 3 mar	athe) Incu	ranco	
				experience auto						•		
*Coverage T	ype: P	=Phys. Dmg.	C=Car	go L=Prim. Lial	b.	N=Non-Trk, Liab.	GL=G	enl Lia	ıb. IM=In	land Marin	е	
Prior Carr	er Effec	tive Dates		Prior Carrie	r Nar	ne	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.						igation						
	Year	-				VIN Number		Stated	d Limit	Radius		
GVW/GCW		•		Ownership	o:	Owned	•	Owned Leased w/ Driver Incl. Non-Truc Leased w/ Driver Excl. Non-Truc				_
No. Unit I	Year	Make		Vehicle T	уре*	VIN Number		Stated Limit Radius			IS	
GVW/GCW	<u> </u>			Ownership	D: [		ployee Ov	vned		w/ Driver Ir		_
No. Unit I	Year	Make		Vehicle T	ype*	Leased Without D VIN Number	river	Stated	Limit	w/ Driver E Radiu		rucking
GVW/GCW				Ownership	D: [		p <b>l</b> oyee Ov	vned		w/ Driver Ir		_
No. Unit IE	Year	Make		Vehicle T	ype*	Leased Without D VIN Number	river	Stated	Leased Limit	w/ Driver E Radiu		rucking
 GVW/GCW				Ou un a mala in		Owned Em	alaysa Oy	mad		ve/ Driver In	ol Non T	ruskina
GVV/GCVV				Ownership	)	Owned UEm Leased Without D	ployee Ov river	vneu		w/ Driver Ir w/ Driver E		
No. Unit IE	Year	Make		Vehicle T		VIN Number		Stated	d Limit	Radiu	IS	
· -			Owned Employee Owned Leased w/ Driver Incl. Non-Trucki Leased Without Driver Leased w/ Driver Excl. Non-Truck						_			
*Vehicle Ty	pe Leg	gend										
*Vehicle Type Legend  CCT - Car Carrier Trailer FLT - Flat Bed  CON - Container (Intermodal) HOP - Hopper/Gra  CUS - Curtain Side LWF - Live/Walking  DOL - Dolly, Con Gear LIV - Livestock  DRP - Drop Deck, Gooseneck LOG - Log  DPS - Dump Side LOW - Lowboy  DPB - Dump Trailer (Bottom) MEQ - Mobile Equi			lopper/Grain ive/Walking/Floor estock og owboy Mobile Equipment	ing/Floor SRT - Showroom Trailer TAN - Tandem TAT - Tank Trailer TAA - Tanker Asphalt/Hote uipment TAC - Tanker Chemical/Ac			cid VAD - Van Trailer (Dry)					
חרב - חמוווף ו	PE - Dump Trailer (End) PUL - Pull Trailer TAG - Tanker Gasoline/Fuel REF - Van Trailer (Temp Control)											

ADDITIONAL INTERESTS AL - Lessor; Additional Insured and Loss Payee AI - Additional Insured Type\*: LI - Leased with Driver Including Non-Trucking LX - Leased with Driver Excluding Non-Trucking Name Type\* Address State **ZIP Code** Unit# City **COVERAGES** CSL AUTO LIABILITY Limits: ☐ LIABILITY FOR NON-TRUCKING USE Limits: CSL Leased to: Number of Employees: ■ NONOWNERSHIP LIABILITY Cost of Hire: \_\_\_ ☐ HIRED AUTO LIABILITY SUBHAUL HIRED AUTO LIABILITY Cost of Hire: ■ MEDICAL PAYMENTS Limits: ☐ REPORTING BASIS: ☐ Revenue ☐ Mileage ☐ Units Complete and Attach Supplement ☐ DEDUCTIBLE REIMBURSEMENT ☐ 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 ☐ Specified Causes of Loss \_\_\_\_\_ Collision Complete and Attach Supplement ☐ HIRED AUTO PHYSICAL DAMAGE CARGO Deductible: \_\_\_\_\_ Limits: \_\_ 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** RENTAL REIMBURSEMENT □ DELUXE COVERAGE Coverage included unless declined. ☐ Selected Units OR ☐ All Units Days of Coverage: **ENDORSEMENT** ☐ Decline Combined Deductible ☐ 30 ☐ 120 Amount Per Day: \_\_\_ **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

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 ack Broker License Number	knowledge that I ar	n submitting this application as a licensed insurance broker.