



**PUBLIC AUTO APPLICATION**  
Entire Application Must Be Completed and Signed

Submission Number: 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  
(if different)

City State ZIP Code

Yrs. Applicant has been Operating Under Business Name U.S. DOT # MC #

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

Location(s) # Units Address, City, State

**OWNER/PRINCIPAL**

Owner Name (First, Middle, Last)

SS # of Owner Home Address Apt. #

City State ZIP Code Business Phone

**DESCRIPTION OF OPERATIONS**

Type of Operation: ☐ For Hire ☐ Private ☐ For Profit ☐ Other:

Check type(s) of operations:

- |                                                                       |                                                   |                                                               |
|-----------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Airport Bus                                  | <input type="checkbox"/> Employee Transportation  | <input type="checkbox"/> Seasonal Recreation Transport        |
| <input type="checkbox"/> Airport Limo                                 | <input type="checkbox"/> Employment Service       | <input type="checkbox"/> Sightseeing Bus                      |
| <input type="checkbox"/> Airport Taxi                                 | <input type="checkbox"/> Funeral Home             | <input type="checkbox"/> Ski Bus                              |
| <input type="checkbox"/> Ambulance                                    | <input type="checkbox"/> Hotel/Motel Courtesy Bus | <input type="checkbox"/> Social Service                       |
| <input type="checkbox"/> Athletes & Entertainers                      | <input type="checkbox"/> Inter City Bus           | <input type="checkbox"/> Taxicabs                             |
| <input type="checkbox"/> Casino Gambling Bus                          | <input type="checkbox"/> Kiddie Cab               | <input type="checkbox"/> Trams                                |
| <input type="checkbox"/> Charter Bus                                  | <input type="checkbox"/> Limousine Service        | <input type="checkbox"/> Transportation of Elderly            |
| <input type="checkbox"/> Charter Bus w/ Casino Transport              | <input type="checkbox"/> Luxury Sedan/SUV Service | <input type="checkbox"/> Transportation of Railroad Employees |
| <input type="checkbox"/> Church Bus                                   | <input type="checkbox"/> Medical Van              | <input type="checkbox"/> Trolley Bus                          |
| <input type="checkbox"/> Classic Cars                                 | <input type="checkbox"/> Prisoner Transport       | <input type="checkbox"/> Urban Bus                            |
| <input type="checkbox"/> Courtesy Bus                                 | <input type="checkbox"/> School Bus               | <input type="checkbox"/> Van Pools                            |
| <input type="checkbox"/> Day Care                                     | <input type="checkbox"/> Scout Bus                | <input type="checkbox"/> Public Autos - NOC                   |
| <input type="checkbox"/> Drum & Bugle Corp and Amateur Sports Players |                                                   |                                                               |
| <input type="checkbox"/> Other (describe):                            |                                                   |                                                               |

**Commodities Hauled**

Do you carry any cargo other than passenger's personal possessions? ☐ Yes ☐ No

If yes, explain:

Commodity	% of Loads	Max. Value	Commodity	% of Loads	Max. Value

**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 Trips:      0 - 75 Miles \_\_\_\_\_      76 - 100 Miles \_\_\_\_\_      101 - 300 Miles \_\_\_\_\_      301 Miles + \_\_\_\_\_

Longest Trip One Way: \_\_\_\_\_ Miles

**Yes      No**

<input type="checkbox"/>	<input type="checkbox"/>	1. Are filings required? If yes, complete <b>Filing Information</b> form.
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you transport passengers across states lines?
<input type="checkbox"/>	<input type="checkbox"/>	3. A. Do you hire or employ any owner operators?
<input type="checkbox"/>	<input type="checkbox"/>	B. Are the owner operators and their vehicles scheduled on this application?
		If no, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	C. Do owner operators accept passengers from any other companies (including ridesharing and transportation network companies)?
		If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	D. Do you require owner operators to carry their own insurance?
		If yes, minimum limits required: _____
<input type="checkbox"/>	<input type="checkbox"/>	E. Do any other companies provide insurance coverage for owner operators?
		If yes, explain: _____
		F. Percent of annual revenue from owner operators: _____%
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you make unscheduled trips?
		If yes, percent of your trips which are unscheduled: _____ %
<input type="checkbox"/>	<input type="checkbox"/>	5. A. Do you arrange for transportation of passengers for companies other than your own?
		If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	B. Are your vehicles dispatched or do you share dispatch services with another entity?
		If yes, explain: _____
		6. A. Percent of annual income derived from transportation network companies, ridesharing or mobile applications: _____ %
		B. Indicate applications used to connect with customers: _____
		C. Percent of owner operator's annual income derived from transportation network companies, ridesharing or mobile applications: _____ %
<input type="checkbox"/>	<input type="checkbox"/>	7. Is all equipment operated under the applicant's authority scheduled on this application?
		If no, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Is all owned equipment scheduled on this application?
		If no, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you lease your vehicles to others?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you provide the driver?
		If yes, who must provide primary liability coverage? <input type="checkbox"/> You <input type="checkbox"/> Lessee
<input type="checkbox"/>	<input type="checkbox"/>	10. Is any portion of your operation seasonal? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you do any food or package delivery?
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you own/operate any other transportation companies? If yes:
		A. Name(s): _____
		B. Describe operations: _____

**Yes No**

- ☐ ☐ 13. Do you lease, rent, hire or borrow vehicles?

**If yes, complete questions below, complete the Public Auto Hired Autos Application Supplement, and attach a copy of lease agreement. If no, skip to question #14.**

A. Describe type of vehicles rented, hired and leased:

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? If no:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) 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
(2) Limit of Liability required	\$ _____	\$ _____
(3) 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
(4) 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

- ☐ ☐ 14. Any personal use of vehicles?

A. If yes, provide % and explain: \_\_\_\_\_

- ☐ ☐ B. Are there any household drivers under age 25? All drivers must be shown in Driver Information section.

- ☐ ☐ 15. Are drivers allowed to take vehicles home when not in use? If yes, how often: \_\_\_\_\_

16. Percent of your trips to and from the airport: \_\_\_\_\_%

17. Indicate how vehicles are stored (open lot, fenced, lighted lot, in garage): \_\_\_\_\_

- ☐ ☐ 18. Do you use non-owned autos? If yes, explain:

A. Frequency of use: \_\_\_\_\_

B. Type of non-owned autos used: \_\_\_\_\_

#### LIMOUSINES AND SEDANS

**Yes No**

- ☐ ☐ 1. A. Are you registered or licensed as a Limousine?
- ☐ ☐ B. Are you registered or licensed as a Taxi?
- ☐ ☐ C. Are you licensed as a Transportation Network Company?
2. Do you charge by the: ☐ Hour ☐ Trip ☐ Miles
3. If you have corporate contracts to provide transportation, list clients:

- ☐ ☐ 4. Do any vehicles have specialized equipment (i.e. hot tubs)?

If yes, explain: \_\_\_\_\_

#### FULL SIZE VANS / SPRINTER VANS

**Yes No**

- ☐ ☐ 1. Are licensed drivers required to have a CDL with a passenger endorsement or chauffeur license?
- ☐ ☐ 2. Are driver assistants on board the vans?
- ☐ ☐ 3. Do you have any cargo racks on your vehicles?
- ☐ ☐ 4. Do you tow trailers with your van?
- ☐ ☐ 5. Is seat belt usage mandatory for all drivers and passengers?
- ☐ ☐ 6. If the van is 15 passenger configuration, is the rear-most seat removed?
- ☐ ☐ 7. Have you trained your drivers specifically on how to safely operate the full size van or Sprinter van?

If yes, describe: \_\_\_\_\_

**PHYSICALLY IMPAIRED AND SENIOR CITIZENS**

Yes	No	With	Loading Ramps	Wheelchair Lifts	No Special Equipment
		<b>Vans</b>			
		<b>Buses</b>			
		<b>Other</b>			
1. Number of vehicles owned by you: Explain: _____					
2. Indicate number of vehicles equipped with the following wheelchair tie-down mechanisms: 3 point tie down _____ 4 point tie down _____ Other (explain): _____					
<input type="checkbox"/>	<input type="checkbox"/>	3. Are any vehicles not equipped with both lap and shoulder harnesses for the passengers? If yes, explain: _____			
4. Describe management's experience operating this class of business: _____					
<input type="checkbox"/>	<input type="checkbox"/>	5. Do all drivers have a minimum of one year experience transporting elderly or those with physical disabilities? If no, explain: _____			
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you load passengers with walkers on the wheelchair lift? If yes, explain the process: _____			
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you transport patients needing emergency medical attention?			
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you transport passengers in a reclined or supine position?			
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you ever assist passengers from inside their homes, e.g. from their beds to their wheelchairs?			
<input type="checkbox"/>	<input type="checkbox"/>	10. Have all drivers completed formal passenger assistance training?			

Use N-3077 if additional space is needed for Driver Information, Insurance History, Schedule of Autos or Additional Interests.

**DRIVER INFORMATION**

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	# Accidents

**DRIVER EMPLOYMENT HISTORY**

Provide three years employment history for each driver if you have not had commercial insurance for past two years or for drivers employed less than two years operating vehicles with seating capacity in excess of 15 passengers. Do not indicate "self-employed" unless you have insurance in your name. Use form TF-079 for additional drivers.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

**DRIVER HIRING, TRAINING AND SAFETY**

- Which of the following is part of your driver screening/hiring process:
 

<input type="checkbox"/> Employment background check	<input type="checkbox"/> Pre-employment drug test
<input type="checkbox"/> Criminal background check	<input type="checkbox"/> Road test
<input type="checkbox"/> Motor vehicle record (MVR) review	<input type="checkbox"/> Other (explain): _____
- Which of the following is part of your driver performance management process:
 

<input type="checkbox"/> Annual review of driver's driving record (MVR)	<input type="checkbox"/> Incentives for violation-free and accident-free driving
<input type="checkbox"/> Periodic review of accidents/incidents	<input type="checkbox"/> Formal corrective action procedures
<input type="checkbox"/> Review of electronic engine data/video event recorders	<input type="checkbox"/> Driver safety training
- Do you adhere to a written vehicle inspection and maintenance program? ☐ Yes ☐ No  
If yes, explain or attach program: \_\_\_\_\_
- Does insured agree to promptly report all new drivers? ☐ Yes ☐ No
- Do you require driver assistants on board any of your vehicles? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

**MILEAGE - Actual and Estimated**

	Units	Mileage Per Unit	Total Mileage
Past 12 Months			
Next 12 Months			

**INSURANCE HISTORY AND LOSS EXPERIENCE**

1. Has an insurance company cancelled or non renewed your policy in the last 3 years?

**(Missouri Applicants - Do not answer this question.)**

☐ Yes ☐ No If yes, explain: \_\_\_\_\_

2. Prior years insurance under business name: \_\_\_\_\_

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:** L=Prim. Liab. P=Phy. Dmg. C=Cargo GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
to					
to					
to					

**SCHEDULE OF AUTOS / VEHICLE COVERAGE OPTIONS**

All units you own or are leased to you must be scheduled and insured if filings are to be made.

To ensure Electronics (as defined by the policy) are covered, include the value in each auto's stated value.

Finance Value Coverage - If selected, 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.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier			

Alternative Fuel Vehicle

☐ Hybrid Electric ☐ All Electric ☐ Fuel Cell ☐ Natural Gas ☐ Propane ☐ Other, Specify:

Additional Coverages: ☐ Finance Value ☐ Lease - Loan ☐ Towing & Labor

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier			

Alternative Fuel Vehicle

☐ Hybrid Electric ☐ All Electric ☐ Fuel Cell ☐ Natural Gas ☐ Propane ☐ Other, Specify:

Additional Coverages: ☐ Finance Value ☐ Lease - Loan ☐ Towing & Labor

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier			

Alternative Fuel Vehicle

☐ Hybrid Electric ☐ All Electric ☐ Fuel Cell ☐ Natural Gas ☐ Propane ☐ Other, Specify:

Additional Coverages: ☐ Finance Value ☐ Lease - Loan ☐ Towing & Labor

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GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier			
Alternative Fuel Vehicle <input type="checkbox"/> Hybrid Electric <input type="checkbox"/> All Electric <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other, Specify:							
Additional Coverages: <input type="checkbox"/> Finance Value <input type="checkbox"/> Lease - Loan <input type="checkbox"/> Towing & Labor							

**\*Vehicle Type Legend**

AMB - Ambulance	LUX - Luxury Sedan	NLX - Non Luxury Sedan	TRL - Trailers
BUS - Bus	MEP - Mobile Equip-Power	PU - Pickup	TRK - Trucks
LIB - Limousine Bus	MEN - Mobile Equip-NonPower	SUV - Sport Utility Vehicle	VAN - Van (Full Size)
LIM - Limousine	MTR - Motor Home	TRC - Tractors	VNS - Van (Small)

**ADDITIONAL INTERESTS**

Type\*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee

Unit #	Type*	Name	Address	City	State	ZIP Code

**COVERAGES**

☐ AUTO LIABILITY Limits: \_\_\_\_\_ CSL  
☐ NONOWNERSHIP LIABILITY Number of Employees: \_\_\_\_\_  
☐ HIRED AUTO LIABILITY ☐ Primary ☐ Excess Cost of Hire: \_\_\_\_\_  
☐ MEDICAL PAYMENTS Limits: \_\_\_\_\_

**PHYSICAL DAMAGE DEDUCTIBLES**

☐ Comprehensive \_\_\_\_\_ OR ☐ Specified Causes of Loss \_\_\_\_\_  
☐ Collision \_\_\_\_\_

☐ HIRED AUTO PHYSICAL DAMAGE *Complete and Attach Supplement*

☐ Diminishing Deductible ☐ Aggregate Deductible ☐ Personal Effects Coverage

☐ CARGO Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

**OPTIONAL CARGO COVERAGES: (Check all that apply)**

☐ Temperature Control ☐ Electronics  
☐ Aluminum, Copper ☐ Hard Liquor  
☐ 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 Days of Coverage:

Amount Per Day: \_\_\_\_\_ ☐ 30 ☐ 120

☐ GENERAL LIABILITY *Complete and Attach GL Application Supplement*

**UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS - Quoting Purposes Only**

☐ UNINSURED MOTORISTS Limits: \_\_\_\_\_  
☐ UNDERINSURED MOTORISTS Limits: \_\_\_\_\_  
☐ PERSONAL INJURY PROTECTION Limits: \_\_\_\_\_

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorists/Underinsured Motorists and Personal Injury Protection Application(s) 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](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.

**Iowa, Illinois, New Mexico, Oregon, Washington and Wisconsin:** The signing of this application does not bind the company to offer, nor the applicant to purchase, the insurance. It is agreed that this application, including any material submitted in conjunction with this application or any renewal, shall be the basis of the insurance and shall be considered physically attached to and part of the policy issued. The company will have relied upon this application, including any material submitted therewith, in issuing the policy.

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## FRAUD STATEMENTS

**ARKANSAS, MARYLAND, and NEW MEXICO:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE, TENNESSEE and WASHINGTON:** 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.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OKLAHOMA:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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## 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. 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.

## State Notices:

**Montana:** A single loss is among the insurance company's criteria for nonrenewal.

**South Carolina:** The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.

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APPLICANT'S SIGNATURE

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DATE

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APPLICANT'S TITLE

---

APPLICANT'S PRINTED NAME

---

PRODUCER'S SIGNATURE

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PHONE #

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FAX #