



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



Fleet (11+ Units) Transportation Checklist

Our underwriters want to provide you with the quickest and most competitive quote possible. The more we know about an account, the easier it is to market the account to our carriers and deliver the best available quote for your insured.

To ensure your submission is complete and to position you to receive the best available quote, here is a list of items that our carriers will need:

- Application** - A fully completed fleet application. No Acord forms will be accepted.
- Narrative** - Share important details of the risk to help us understand the challenges and opportunities.
- Current Drivers List** - Excel format is required and is to include name, date of birth, date of hire, license state, license number, and years of CDL experience driving similar equipment.
- Safety & Hiring** - Driver hiring procedures and safety programs utilized by the insured.
- IFTA's** - Provide the 4 most recent quarters.
- Loss Runs** - 5 years of prior carrier loss runs for all lines, company issued and valued within 90 days.
- Vehicle List** - Excel format is required and is to include the year, make, body type, and vehicle stated value (not original cost new).
- Unit Count/Mileage** - Projected, current, and previous 3-year history of annual gross receipts, annual fleet mileage, and number of power units.
- Year End Financials** - Profit/Loss Statement and income statement for risks over 25 power units.
- MVR's** - Motor Vehicle Reports may be required. Your J.M. Wilson underwriter will contact you if needed.
- Target Pricing & Need by Date**

Submit Your Risks Online at: jmwilson.com

Thank you for your continued business!

jmwilson.com

LOSS SUMMARY REPORT – 5 Year Information

NAME OF INSURED: _____

| EXPOSURES | | | | | |
|---------------------------|----------------|---------------|--------------|---------------|----------------|
| YEAR | TOTAL REVENUES | TOTAL MILEAGE | TOTAL VALUES | # POWER UNITS | POLICY PREMIUM |
| ESTIMATED FOR COMING YEAR | | | | | |
| Current Year | | | | | |
| Prior Year | | | | | |
| 2 years prior | | | | | |
| 3 years prior | | | | | |
| 4 years prior | | | | | |

| LOSS EXPERIENCE | | | | | | | |
|-----------------|-------------------------|-------------|----|---------------|----|---------|----|
| | | OPEN CLAIMS | | CLOSED CLAIMS | | INCURRE | |
| POLICY PERIOD | LIABILITY INSURER | # | \$ | # | \$ | # | \$ |
| Current Year | | | | | | | |
| Prior Year | | | | | | | |
| 2 years prior | | | | | | | |
| 3 years prior | | | | | | | |
| 4 years prior | | | | | | | |
| | | OPEN CLAIMS | | CLOSED CLAIMS | | INCURRE | |
| POLICY PERIOD | PHYSICAL DAMAGE INSURER | # | \$ | # | \$ | # | \$ |
| Current Year | | | | | | | |
| Prior Year | | | | | | | |
| 2 years prior | | | | | | | |
| 3 years prior | | | | | | | |
| 4 years prior | | | | | | | |
| | | OPEN CLAIMS | | CLOSED CLAIMS | | INCURRE | |
| POLICY PERIOD | CARGO INSURER | # | \$ | # | \$ | # | \$ |
| Current Year | | | | | | | |
| Prior Year | | | | | | | |
| 2 years prior | | | | | | | |
| 3 years prior | | | | | | | |
| 4 years prior | | | | | | | |



Transportation

Northland Truck Insurance Fact Sheet

Liability

- Identity theft expense reimbursement
- Family emergency travel*
- Deductible liability coverage
- Additional insured capability-no charge
- Trailer Interchange

Physical damage coverage

- **Deluxe coverage form***
 - Aggregate deductible
 - Diminishing deductible
 - Personal effects coverage
 - Downtime loss
 - Rental reimbursement
- No coinsurance penalty
- Coverage designed for owner/operator leased to fleets
- Free towing as a result of direct physical loss
- Electronic equipment coverage
- Financed value coverage
- Windshield repair without a deductible
- Deductible reimbursement coverage
- Combined deductible coverage
- Non-owned trailer while attached
- Hired car physical damage coverage, aka "bailee" coverage
- Rental reimbursement
- Tarps, chains and binders

General liability for Truckman class

- Employee benefits liability coverage
- Includes products/completed operations

Don't miss Northland Nite on the Midnight Trucking Radio Network!

Northland Insurance
385 Washington Street | Saint Paul, MN 55102
northlandins.com | truckinsurance.com

Cargo

- Broad coverage language
- Covers your legal liability from dock to dock
- Hired car cargo
- Expanded refrigeration
- Broad livestock coverage
- No coinsurance penalty
- Up to \$1 million catastrophe limit
- Named shipper limit of insurance
- Warranty
- Customized trip endorsements

Claims, risk control and filings services

- Quick, expert and responsive 24 hour claim handling service
- Subrogation services
- Experienced staff of risk control specialists to assist with fleet safety and DOT compliance
- Extensive collection of free safety resources (videos, safety guides, driver training materials, DOT compliance forms and folders)
- *Drive Times* newsletter published and mailed quarterly
- State and federal highway filings made for you free of charge
- Flexible payment options-interest free

Also, don't forget – we insure the following:

- **Inland marine for small equipment**
- **Mobile equipment (where available)**
- **Workers compensation**
- **Contingent cargo liability coverage for brokers**
- Letters of credit - available on select risks
- Coverage update – easy renewal
- Limited use capabilities

* Available on risks with 1-10 power units

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy 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. 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.



TRUCK FLEET APPLICATION
11 or More Power Units

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 terminal? Yes No If yes, provide the following:

Table with 3 columns: Location(s), # Units, Address, City, State

Safety Contact Person Name Contact's Phone

Safety E-Mail Address

OWNER/PRINCIPAL

Owner Name (First, Middle, Last) Yrs. Experience in Trucking

SS # of Owner Home Address Apt. #

City State ZIP Code Business Phone

DESCRIPTION OF OPERATIONS

Type of Operation: For Hire Not For Hire Non-Trucking Private Other:

1. Do you engage in operations other than trucking? Yes No If yes, explain:

2. 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:

Commodities Hauled (Check all that apply)

Intermodal Containers Hazardous Materials requiring \$1,000,000 Liability limits or less
Refuse/Waste/Garbage Hazardous Materials requiring Liability limits higher than \$1,000,000

Explain:

Table with 6 columns: Commodity, % of Loads, Max. Value, Commodity, % of Loads, Max. Value

Range of Transport

Interstate Intrastate

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 Loads:

DE and MD policies: 0 - 100 Miles _____ 101 Miles + _____
 ME and VT policies: 0 - 200 Miles _____ 201 Miles + _____
 All other states: 0 - 75 Miles _____ 76 - 300 Miles _____ 301 Miles + _____

Longest Trip One 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 others in your name or a different name? If yes, Brokerage Name: _____
 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. Is all equipment operated under the applicant's authority scheduled on the application?
 If no, explain: _____
5. Is all owned equipment scheduled on this application?
 If no, explain: _____
6. 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? You Lessee
7. Do other motor carriers or owner-operators haul for you?

If yes, complete questions below, complete Hired Autos Application Supplement and attach copy of lease agreement. If no, skip to question #8.

| | | |
|--|--|--|
| A. Name on the Bill of Lading: <input type="checkbox"/> Yours <input type="checkbox"/> Others | <input type="checkbox"/> Permanent Basis | <input type="checkbox"/> Temporary/Trip Basis |
| B. On what basis are they leased? | | |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) If no: | | |
| a. 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 |
| b. Limit of Liability required: | \$ _____ | \$ _____ |
| c. 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 |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Do you require Owner Operators to purchase Workers Compensation or Occupational Accident coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Yes No

- 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. 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?
- 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 require use of escort vehicles?
If yes, and escort vehicles are **not included** in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.
If yes and the escort vehicles are **included** in this application, drivers of escort vehicles should be listed in the Driver information section.
- 15. Do you haul over size, over weight loads?
If yes, explain: _____
- 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: _____

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. Truck Fleet - No. of drivers: | Regularly Employed _____ | Part Time _____ | Owner/Operator _____ |
| | Leased _____ | Casual _____ | TOTAL _____ |
| How are drivers paid? | <input type="checkbox"/> Hourly | <input type="checkbox"/> Trip | <input type="checkbox"/> Mileage |
| | | | <input type="checkbox"/> Other |
| 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. _____ | Min. _____ Max. _____ |

DRIVER HIRING, TRAINING AND SAFETY

- 1. Which of the following is part of your driver screening/hiring process:
 - Employment background check
 - Criminal background check
 - Motor vehicle record (MVR) review
 - Pre-employment drug test
 - Road test
 - Pre-employment Screening Program (PSP) Report from FMCSA
- 2. Which of the following is part of your driver performance management process:
 - Annual review of driver's driving record (MVR)
 - Periodic review of driver and vehicle out-of-service violations
 - Periodic review of accidents/incidents
 - Review of electronic driver data (telematics)
 - Incentives for violation-free and accident-free driving
 - Formal corrective action procedures
 - Driver safety training
- 3. Do you adhere to a written vehicle inspection and maintenance program? Yes No
If yes, explain or attach program. _____
- 4. Are your trucks equipped with technology that enables platooning, semi-autonomous, autonomous operations, or other similar operations? Yes No
If yes, explain: _____
- 5. How often do you replace your equipment? _____
- 6. Do you have any type of theft avoidance policies? Yes No
If yes, explain or attach policy. _____
- 7. Do you use any of the anti-theft devices to track equipment? Yes No
If yes, explain: _____
- 8. Do you have a Safety Director? Yes No
If yes: Full Time Part Time # Years with Company: _____

UNITS REVENUE AND MILEAGE - Actual and Estimated

| | Period | Units | Revenue Per Unit | Mileage Per Unit | Total Revenue | Total Mileage |
|-----------|--------|-------|------------------|------------------|---------------|---------------|
| Projected | | | | | | |
| Current | | | | | | |
| 1st Prior | | | | | | |
| 2nd Prior | | | | | | |
| 3rd Prior | | | | | | |
| 4th Prior | | | | | | |

INSURANCE HISTORY AND LOSS EXPERIENCE

- 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: _____
- Prior years insurance under business name with: Primary Auto Liability: _____
 Non-Trucking Auto Liability: _____
- 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 | Policy Number | Coverage Type* | # Units Insured | # Losses |
|-------------------------------|--------------------|---------------|----------------|-----------------|----------|
| to | | | | | |
| to | | | | | |
| to | | | | | |
| to | | | | | |
| 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. Refer to Legends below.

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 | | | | | | | |

Ownership Legend

- 1 - Owned 3 - Employee Owned 4 - Leased w/ Driver Incl. Non-Trucking
 2 - Leased Without Driver 5 - Leased w/ Driver Excl. Non-Trucking

***Vehicle Type Legend**

| | | | |
|------------------------------|--------------------------|------------------------------|---|
| CCT - Car Carrier Trailer | FLT - Flat Bed | PUP - Pup Trailer | TAL - Tanker LPG |
| CON - Container (Intermodal) | HOP - Hopper/Grain | SEM - Semi Trailer | TAP - Tanker Pneumatic/Dry Bulk |
| CUS - Curtain Side | LWF - Live/Walking/Floor | SRT - Showroom Trailer | TAO - Tanker-Other |
| DOL - Dolly, Con Gear | LIV - Livestock | TAN - Tandem | NOC - Trailers Not Otherwise Classified |
| DRP - Drop Deck, Gooseneck | LOG - Log | TAT - Tank Trailer | TRC - Tractors |
| DPS - Dump Side | LOW - Lowboy | TAA - Tanker Asphalt/Hot Oil | TRK - Trucks |
| DPB - Dump Trailer (Bottom) | MEQ - Mobile Equipment | TAC - Tanker Chemical/Acid | VAD - Van Trailer (Dry) |
| DPE - Dump Trailer (End) | PUL - Pull Trailer | TAG - Tanker Gasoline/Fuel | REF - Van Trailer (Temp Control) |

Additional Interests

- AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee
 LI - Leased with Driver Including Non-Trucking LX - Leased with Driver Excluding Non-Trucking

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: _____

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 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

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.

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.

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.

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.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE

PHONE #

FAX #