



## *Agent Information*

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



## Non-Fleet (1-10 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:

### 1-3 Power Units

- Quick Quote Form** – This 2 page form is found on our website at [jmwilson.com](http://jmwilson.com) and provides our underwriters with the necessary information to approach all available markets we have to offer.
- Other Applications** – We are more than happy to quote from another application or your agency's quick quote form if they provide the same information.

### 4-10 Power Units

- Completed Company Application**
- Drivers List** – Including dates of hire, license number and years of commercial driving experience, so we can reach the maximum driver credits available for each risk.
- 3 Year Current Valued Loss Runs** – To receive the most competitive pricing.
- IFTA Mileage Reports** - IFTAs give us the ability to mix-rate an account to more accurately reflect what the insured is truly doing and to be more competitive in pricing. Mileage allows us to pursue other markets who have certain radius restrictions.
- List any dedicated runs, long time shippers** - This information allows us to be competitive with markets who give additional credits for stable, dedicated drivers.

**Submit Your Risks Online at: [jmwilson.com](http://jmwilson.com)**

Thank you for your continued business!



TRUCK APPLICATION
1-10 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

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:

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

Atlanta Cleveland Jacksonville Milwaukee Philadelphia Salt Lake City
Balt.-Washington Dallas/Ft. Worth Kansas City Mpls./St. Paul Phoenix San Diego
Boston Denver Little Rock Nashville Pittsburgh San Francisco
Buffalo Detroit Los Angeles New Orleans Portland Seattle
Charlotte Hartford Louisville New York City Richmond Tulsa
Chicago Houston Memphis Oklahoma City St. Louis
Cincinnati Indianapolis Miami 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 |

- 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.

Yes No

- 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: \_\_\_\_\_

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<br>(Last, First, Middle) | Date of Birth | License Number | State | # Yrs. Driving<br>Similar Equip. | Date of Hire | #<br>Accidents |
|--------------------------------------|---------------|----------------|-------|----------------------------------|--------------|----------------|
|                                      |               |                |       |                                  |              |                |
|                                      |               |                |       |                                  |              |                |
|                                      |               |                |       |                                  |              |                |

**DRIVER EMPLOYMENT HISTORY**

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

| Driver Name<br>(Last, First, Middle) | Prior Employment and Full Address | Dates of<br>Employment | Type<br>of Unit |
|--------------------------------------|-----------------------------------|------------------------|-----------------|
|                                      |                                   |                        |                 |
|                                      |                                   |                        |                 |
|                                      |                                   |                        |                 |

**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: \_\_\_\_\_

**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 with: Primary Auto Liability: \_\_\_\_\_

Non-Trucking Auto Liability: \_\_\_\_\_

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: 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                            |                    |               |                |                 |          |

**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.

| 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 w/ Driver Incl. Non-Trucking<br><input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking |            |              |        |
| 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 w/ Driver Incl. Non-Trucking<br><input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking |            |              |        |
| 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 w/ Driver Incl. Non-Trucking<br><input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking |            |              |        |
| 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 w/ Driver Incl. Non-Trucking<br><input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking |            |              |        |
| 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 w/ Driver Incl. Non-Trucking<br><input type="checkbox"/> Leased Without Driver <input type="checkbox"/> 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**

Type\*: 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

| Unit # | Type* | Name | Address | City | State | ZIP Code |
|--------|-------|------|---------|------|-------|----------|
|        |       |      |         |      |       |          |
|        |       |      |         |      |       |          |
|        |       |      |         |      |       |          |

**COVERAGES**

- AUTO LIABILITY Limits: \_\_\_\_\_ CSL
- 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

|  |   |   |   |
|--|---|---|---|
| <b>COMBINED DEDUCTIBLE</b><br>Coverage included unless declined.<br><input type="checkbox"/> Decline Combined Deductible | <b>RENTAL REIMBURSEMENT</b><br><input type="checkbox"/> Selected Units OR <input type="checkbox"/> All Units<br>Amount Per Day: _____ | Days of Coverage:<br><input type="checkbox"/> 30 <input type="checkbox"/> 120 | <input type="checkbox"/> <b>DELUXE<br/>COVERAGE<br/>ENDORSEMENT</b> |
|--|---|---|---|

- ROADSIDE ASSISTANCE AND TOWING COVERAGE *(1-2 power unit policies only)*  
 Power Unit 1  Power Unit 2

- 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**

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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 #