



**MICHIGAN  
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 \_\_\_\_\_

Garaging Address (if different) \_\_\_\_\_

City	State	ZIP Code
------	-------	----------

Tax ID: Federal ID # or SS #	U.S. DOT #	MC #	Yrs. Applicant has been Operating Under Business Name
------------------------------	------------	------	---

Safety Contact Person Name	Contact's Phone
----------------------------	-----------------

Safety E-Mail Address \_\_\_\_\_

**OWNER / PRINCIPAL**

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

Do you engage in operations other than trucking?     Yes     No

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

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: \_\_\_\_\_

**Range of Transport**

Interstate     Intrastate

Percent of Loads:    0 - 100 Miles \_\_\_\_\_    101 - 300 Miles \_\_\_\_\_    301 Miles + \_\_\_\_\_

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

**OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations Below**

1	2	3	4
---	---	---	---

**OPERATIONS BEYOND 300 MILE RADIUS: 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"/> Orlando      | <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"/> Philadelphia | <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"/> Phoenix      | <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"/> Pittsburgh   | <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"/> Portland     | <input type="checkbox"/> Tampa          |
| <input type="checkbox"/> Chicago         | <input type="checkbox"/> Houston          | <input type="checkbox"/> Memphis      | <input type="checkbox"/> Oklahoma City  | <input type="checkbox"/> Richmond     | <input type="checkbox"/> Tulsa          |
| <input type="checkbox"/> Cincinnati      | <input type="checkbox"/> Indianapolis     | <input type="checkbox"/> Miami        | <input type="checkbox"/> Omaha          | <input type="checkbox"/> St. Louis    | <input type="checkbox"/> _____          |

Cities other than above or regular routes \_\_\_\_\_

Percent of regular routes \_\_\_\_\_

**Commodities Hauled (Check all that apply.)**

- Refuse/Waste/Garbage
- Hazardous Materials requiring \$1,000,000 liability limits or less
- Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)

**COMMODITIES TRANSPORTED**

Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

List major shippers you haul for: \_\_\_\_\_

**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?  
If yes, attach copy of agreement and provide:  
Brokerage Name: \_\_\_\_\_ MC #: \_\_\_\_\_  
Annual Brokerage Revenue: \$ \_\_\_\_\_
- 3. Is all equipment operated under the applicant's authority scheduled on the application?  
a. If no, attach explanation.  
b. Indicate % of loads brokered to you by others: \_\_\_\_\_
- 4. Is all owned equipment scheduled on this application? If no, attach explanation.
- 5. 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
- 6. 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 #7.

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

- 7. Do you pull doubles?  Yes  No Triples?  Yes  No
- 8. Do you haul intermodal containers?
- 9. Is any portion of your operation seasonal? If yes, explain. \_\_\_\_\_
- 10. Do you use any team, hot seat, slip seating or relay driver operations?
- 11. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

Yes No

12. Do you operate more than one terminal? If yes, provide the following:

Location(s)	# Units	Max. Equip. Value	Address, City, State

13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargo a total loss regardless of actual damage in the event of a loss? If yes, attach a copy of the contract.

14. 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.

15. 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 and general liability limits.  
 If yes and escort vehicles are **included** in this application, drivers of escort vehicles should be listed in the Driver Information section.

16. Do you haul over size, over weight loads? If yes, explain below or attach explanation.

17. Do you haul to/from well drilling sites? If yes:

a. List commodities hauled: \_\_\_\_\_

b. Percent of loads these commodities represent for your business: \_\_\_\_\_

18. Do you haul to/from mines?

a. List commodities hauled: \_\_\_\_\_

b. Percent of loads these commodities represent for your business: \_\_\_\_\_

**SCHEDULE OF EQUIPMENT OPERATED**

Provide a schedule of equipment to include Make, Year, Type\*, VIN Number, GVW, Stated Limit, Radius of Operation, Ownership Status and Additional Interest information. Refer to Legends below.

The Stated Limit of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed 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							

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.

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

**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

**UNITS REVENUE AND MILEAGE - Actual and Estimated**

	Period	Units	Revenue	Mileage
Projected				
Current				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				
3 <sup>rd</sup> Prior				
4 <sup>th</sup> Prior				

**SUMMARY OF EQUIPMENT VALUES**

	Total Value	No. of Units	Average Value
Fleet			
Tractor			
Trailer			

**INSURANCE HISTORY & LOSS EXPERIENCE - Provide the following insurance and loss information for the past 3 years.**

- Has an insurance company cancelled or non-renewed your policy in the last 3 years?  
 Yes  No If yes, explain: \_\_\_\_\_
- Prior years insurance under business name with: Primary Auto Liability: \_\_\_\_\_  
 Non-Trucking Auto Liability: \_\_\_\_\_
- Indicate other company name(s) you have operated under in the last 3 years:  
 Company Names: \_\_\_\_\_  
 Insurance Provider(s): \_\_\_\_\_

**EXPERIENCE INFORMATION** - Furnish 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 for current year plus at least two (2) full policy years. Describe any claim with payment or reserves over \$25,000.

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					

**LOSS HISTORY – Past 3 Years (including Drivers no longer employed)**

Driver Name (Last, First, Middle)	Date of Accident	Amount of Accident	Description

**DRIVER INFORMATION**

Provide a list of drivers that includes the Driver's Name, DOB, License Number & State, Social Security Number, Date of Hire, and Years of Driving Experience.

- Truck Fleet - No. of drivers: Regularly Employed \_\_\_\_\_ Part Time \_\_\_\_\_ Owner/Operator \_\_\_\_\_  
 Leased \_\_\_\_\_ Casual \_\_\_\_\_ TOTAL \_\_\_\_\_
- How are drivers paid?  Hourly  Trip  Mileage  Other
- Drivers Hired or Leased Last Year  

	<b>Company Drivers</b>	<b>Leased Owners/Operators</b>
a. Number replaced _____	_____	_____
b. Number increased _____	_____	_____
c. Age _____	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 (SMS/CSA Reports)
- Periodic review of accidents/incidents
- Review of electronic vehicle driver performance 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?
4. How often do you replace your equipment?
5. Do you have any type of theft avoidance policies?
6. Do you use any of the anti-theft devices to track equipment?
7. Do you have a Safety Director?

**COVERAGES**

- AUTO LIABILITY Limits: \$ CSL
LIABILITY FOR NON-TRUCKING USE Limits: \$ CSL
Leased to:
EMPLOYERS NONOWNERSHIP LIABILITY Number of Employees
HIRED AUTO LIABILITY Cost of Hire
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:

**PHYSICAL DAMAGE DEDUCTIBLES**

- Comprehensive OR Specified Causes of Loss
Collision

**HIRED AUTO PHYSICAL DAMAGE Complete and Attach Supplement**

- CARGO Limit 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

**UNINSURED/UNDERINSURED MOTORIST OPTIONS**

Uninsured Motorist (Includes Underinsured Motorist) Limits:

**NO-FAULT PROPERTY DAMAGE LIABILITY COVERAGE**

This coverage is subject to a limit of \$1,000 per claim. The coverage will either pay for the damage payment legally required or will reimburse you for such payment made resulting from a small claims court judgment.

- I want no-fault property damage liability coverage included in my policy.

---

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

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, 385 Washington St., St. Paul, MN 55102.

---

This application, including any material submitted in conjunction with the 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. 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 #

---



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION  
PERSONAL INJURY PROTECTION**

**MICHIGAN**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE**

Michigan law requires that every motor vehicle liability policy, except a policy for a motorcycle, shall automatically include Personal Injury Protection (No-Fault) coverage and Property Protection coverage. Your motor vehicle liability policy will include Personal Injury Protection (No-Fault) coverage and Property Protection coverage.

**COORDINATION OF BENEFITS**

Your Personal Injury Protection benefits premiums may be reduced for autos owned by an individual named insured if there is applicable health and accident coverage available to the named insured, the named insured's spouse and any other relatives of the named insured who reside with the named insured.

You may elect to make such other available health and accident coverage primary and your Personal Injury Protection coverage provided under your motor vehicle liability secondary by making an election as indicated below:

- I have other health and accident coverage which covers any *allowable medical expenses* available under Personal Injury Protection coverage and I elect to make my Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *allowable medical expenses*.
- I have other health and accident coverage which covers any *work loss benefits* available under Personal Injury Protection coverage and I elect to make Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *work loss benefits*.
- I have other health and accident coverage which covers any *allowable medical expenses* and *work loss benefits* available under Personal Injury Protection coverage and I elect to make Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *allowable medical expenses* and *work loss benefits*.

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date