



NEW YORK COMMERCIAL AUTO FLEET INSURANCE APPLICATION

New England Excess Exchange, Ltd.
P O Box 219 ~ Montpelier, VT 05601
800-548-4301 or Fax 800-347-4935
Web Site: www.neee.com

Entire application must be completed and signed.

GENERAL INFORMATION						<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					
Name						Yrs. in Trucking Industry _____ Yrs. Under Business Name _____					
Mailing Address						Federal ID # or SSN			U.S. DOT Number		
City			State		Zip	Date Coverage Desired: FROM _____ TO _____					
Garaging Location(s) if different:				City		State		ZIP		Phone ()	

DESCRIPTION OF OPERATIONS						<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (Explain) _____					
Range of Transport		Commodity									
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Materials requiring \$1,000,000 liability limits or less <input type="checkbox"/> Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)									

OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations Below

1	2	3	4
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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"/> Philadelphia	<input type="checkbox"/> San Diego
<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 Francisco
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Seattle
<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"/> Tulsa
<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"/> _____
<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	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> _____

Cities other than above or regular routes _____

COMMODITIES TRANSPORTED					
Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are filings required? If yes, complete form N-710, Filing Information. Docket #: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? If yes, provide Brokerage Name: _____ Docket #: _____ Annual Brokerage Revenue: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Are all owned trailers equipped with reflective tape? If no, attach a list of those trailers which are not.
<input type="checkbox"/>	<input type="checkbox"/>	4. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
<input type="checkbox"/>	<input type="checkbox"/>	5. Is all owned equipment scheduled on this application? If no, attach explanation.
<input type="checkbox"/>	<input type="checkbox"/>	6. Is all of the scheduled equipment owned by you? If no, attach explanation.
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you subhaul, lease or hire equipment from others? If yes, is it: <input type="checkbox"/> Permanently Leased <input type="checkbox"/> Trip Leased
<input type="checkbox"/>	<input type="checkbox"/>	a. If permanently leased, is it scheduled on this application?
<input type="checkbox"/>	<input type="checkbox"/>	b. If permanently leased, are autos hired with drivers? If yes, complete form T-376.
<input type="checkbox"/>	<input type="checkbox"/>	c. If trip leased, provide the annual estimated cost of hire: Current Year \$ _____ Prior Year \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you lease to others? If yes, who must provide primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other If you provide insurance, is coverage desired for: <input type="checkbox"/> Named Lessee(s) OR <input type="checkbox"/> All Lessees (Blanket Basis) If Named Lessee(s), attach a list of Name and Address for each lessee.
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you pull doubles? <input type="checkbox"/> Yes <input type="checkbox"/> No Triples? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you haul containers or containerized freight?
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

<input type="checkbox"/>	<input type="checkbox"/>	12. Do you operate more than one terminal? If yes, provide the following:												
		<table border="1"> <tr> <th>Location(s)</th> <th># Units</th> <th>Address, City, State</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Location(s)	# Units	Address, City, State									
Location(s)	# Units	Address, City, State												
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you use any team, hot seat, slip seating or relay driver operations?												
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If so, which shippers? What are commodities for each shipper? What is maximum load value? What is percentage of loads for signed contracts limiting salvage? _____												
<input type="checkbox"/>	<input type="checkbox"/>	15. 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 N-467.												

LIENHOLDER INFORMATION Attach All Lienholder Information For Each Power Unit.

LEASED OR HIRED Attach Samples of Agreements.

Does Applicant/Insured do trip leasing to the extent that it comprises more than 5% of his gross receipts? Yes No
 If Yes, explain operation in detail: _____

Is equipment leased or hired? Yes No Attach explanation and examples of agreements.

	With Driver	Without Driver	Avg. Duration of a Trip Lease	Avg. # of Trip Lease Per Year	Est. Trip Lease Payments Per Year	Ins. Provided By		With Hold Harmless Naming Other Part As Additional Insured?
						Lessor	Lessee	
From Others								<input type="checkbox"/> Yes <input type="checkbox"/> No
To Others								<input type="checkbox"/> Yes <input type="checkbox"/> No

Under whose Bill of Lading is shipment moved when leased to others? _____
 From Others? _____
 What % of DEADHEADING? _____ Total miles deadheading _____
 Do they backhaul? Yes No What do they backhaul? _____
 What are restrictions on backhauling? _____

SCHEDULE OF EQUIPMENT OPERATED Provide a schedule of equipment to include "Make," Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation. Identify units with Auxiliary Running Lamps.

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

UNITS REVENUE AND MILEAGE Actual and Estimated.

	Period	Units	Revenue	Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				
3 rd Prior				

SUMMARY OF EQUIPMENT VALUES

Total Fleet Value	No. of Units	Average Value	
Total Tractor Value	No. of Units	Average Value	
Total Trailer Value	No. of Units	Average Value	
Highest Tractor Value	Highest Trailer Value	Lowest Tractor Value	Lowest Trailer Value

COVERAGES				
<input type="checkbox"/> AUTO LIABILITY		<input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____)		
<input type="checkbox"/> LIABILITY FOR NONTRUCKING USE		Leased to: _____		
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL		<input type="checkbox"/> Deductible \$ _____		
<input type="checkbox"/> Split Limits BI \$ _____ per person		\$ _____ per accident		<input type="checkbox"/> PD \$ _____ each accident
<input type="checkbox"/> HIRED AUTO LIABILITY		If Reporting Basis: <input type="checkbox"/> Revenue <input type="checkbox"/> Mileage <input type="checkbox"/> Units		
DEDUCTIBLE REIMBURSEMENT LIMIT _____		<input type="checkbox"/> TRAILER INTERCHANGE (provide a copy of agreement)		
<input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage <input type="checkbox"/> Cargo		Maximum trailer value _____ # trailer days _____		
PHYSICAL DAMAGE Deductibles:		<input type="checkbox"/> CARGO		COMBINED DEDUCTIBLE
<input type="checkbox"/> Comprehensive OR \$ _____		Limit \$ _____		Coverage included unless
<input type="checkbox"/> Specified Perils \$ _____		Deductible \$ _____		declined.
<input type="checkbox"/> Collision \$ _____		<input type="checkbox"/> Decline Hired Auto Cargo		<input type="checkbox"/> Decline
		<input type="checkbox"/> Expanded Refrigeration		RENTAL REIMBURSEMENT
				<input type="checkbox"/> Selected Units <input type="checkbox"/> All Units
				Amt. Per Day \$ _____
				Days of coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120
UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS				
<input type="checkbox"/> Uninsured Motorist		Limits: _____		
<input type="checkbox"/> Underinsured Motorist		Limits: _____		
<input type="checkbox"/> Medical Payments		Limits: _____		
<input type="checkbox"/> Personal Injury Protection		Limits: _____		
<p>Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorist/Underinsured Motorist, Medical Payments, and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.</p>				
NORTHLAND'S FLEET SERVICES SUMMARY:				
<ul style="list-style-type: none"> ✓ Northland's Loss Control staff can tailor loss control consultative services to meet your specific needs. ✓ Northland will provide you, as an insured, with reflective striping for your trailers at no cost to you. ✓ Our Loss Control staff is available to our insureds to provide a D.O.T. audit compliance review so that insureds will be prepared for a D.O.T. compliance audit before it happens. ✓ Northland insureds can take advantage of our Safe Driver Awards Program. ✓ Our Loss Control Staff will help our insureds conduct effective safety meetings. ✓ Seminars are available to Northland insureds to help with continuing education of your drivers and other staff members. ✓ Each member of Northland's Claim staff is a specialist in the area of commercial auto. ✓ Our "800" number is attended by a specialist seven days a week, 24 hours a day, 365 days a year. ✓ Northland can also provide other product lines of coverage such as General Liability, Property Coverage, or higher limits if necessary. Please talk to your agent for additional coverage needs. 				
In order to furnish a quote, the following information is necessary:				
a. Complete driver list, both company and owner operator, showing full name, date of birth, drivers license number, social security number, date of hire and most recent MVRs .				
b. Complete list of all equipment including complete serial number and gross vehicle weight, including owned or leased and owner operated.				
c. Provide a description of all safety activities and incentives. Include Passenger Policy, if applicable.				
d. Pro-rata (Schedule B) Mileage Sheet.				
e. Current Annual Financial Statement including both profit and loss statements.				

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.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. 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_____
TITLE_____
DATE_____
PRODUCER'S SIGNATURE