

**NORTHERNSTAR MANAGEMENT  
COMMERCIAL AUTO APPLICATION**  
(USE CARGO SUPPLEMENTAL APP IF CARGO IS WRITTEN)

Insured Name		Agency Name	
DBA		Agency Contact	
Mailing Address	Telephone #	Agency Phone	
City, State, Zip Code		Agency Fax	
Physical Address	Inspector Contact		

☐ Individual   ☐ Partnership   ☐ Joint Venture   ☐ Corporation   ☐ Other \_\_\_\_\_

Policy Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of Business/Occupation \_\_\_\_\_ Years Experience \_\_\_\_\_

Have you ever owned a truck or trucking company under any other name? \_\_\_\_\_ What name? \_\_\_\_\_

List Types of CARGO Hauled \_\_\_\_\_

Define Normal area of Operation \_\_\_\_\_ Maximum Radius of Operation \_\_\_\_\_

Do you rent or lease your equipment to others? ☐ Yes   ☐ No      Do you hire any equipment? ☐ Yes   ☐ No

If yes, what is the estimated cost of hire? \_\_\_\_\_

List Largest City Entered: (1) \_\_\_\_\_ % of the time \_\_\_\_\_ (2) \_\_\_\_\_ % of the time \_\_\_\_\_

Number of vehicles owned or leased:   Pickups \_\_\_\_\_   Trucks \_\_\_\_\_   Tractors \_\_\_\_\_   Trailers \_\_\_\_\_

Are any vehicles hired with operators?   ☐ Yes   ☐ No    If yes, explain \_\_\_\_\_

List all States entered: \_\_\_\_\_

State Filings Required:   ☐ TXDOT Permit # \_\_\_\_\_      ☐ ICC Docket # \_\_\_\_\_

☐ Common Carrier   ☐ Contract Hauler   For Whom \_\_\_\_\_

%age of Interstate or similar highways travel? \_\_\_\_\_ %age of brokered loads \_\_\_\_\_

Minimum age of drivers you will hire? \_\_\_\_\_ Minimum experience driving same size equipment \_\_\_\_\_

Maximum age of drivers \_\_\_\_\_?   Max number of minor violations? \_\_\_\_\_ Major violations? \_\_\_\_\_

Has your insurance for this type of operations ever been cancelled, declined or non-renewed?

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

Policy Period	Previous Carrier	Premium	Number of Autos	Number of Accidents*		Amount of incurred loss		Physical Damage	Amount of Incurred Loss
				BI	PD	BI	PD		

**DRIVER INFORMATION:**

I understand that it is essential that all drivers be reported. I understand that all drivers must meet the minimum driving hiring standards I have completed in this application. I understand that the failure to report drivers or to hire drivers that do not fall in the parameters for hiring drivers I have completed shall constitute a significant change in risk and may lead to cancellation or non renewal.

Driver's Name	Date of Birth	License Number and State

**SCHEDULE OF VEHICLES**

Unit No	Year	Make	Model	FULL 17 DIGIT Serial Number	Garage Location	Maximum Radius	Rate Ter	Rate Class	Stated Amount
1									
2									
3									
4									
5									

Lienholder Information:

#### Requested Coverage

☐ Bodily Injury/Property Damage / Combined Single Limit \_\_\_\_ 500000 \_\_\_\_ 750000 \_\_\_\_ 1000000 Liability Premium \$ \_\_\_\_  
☐ Uninsured/Underinsured Motorist Coverage \_\_\_\_ \$75000 \_\_\_\_ Other \_\_\_\_ UM \$ \_\_\_\_  
☐ Personal Injury Protection \_\_\_\_ \$2500 \_\_\_\_ Other \_\_\_\_ PIP \$ \_\_\_\_  
☐ FT&CAC/Collision \$ \_\_\_\_ Deductible: ☐ 1,000 ☐ 2,500 PHY DAMAGE \$ \_\_\_\_  
ATPA FEE \$ \_\_\_\_  
**Total Premium \$** \_\_\_\_

#### Premium Quoted

#### NEW VENTURE PRIOR EMPLOYMENT HISTORY ( to be completed when risk has not had insurance before)

List previous 3 year employers including all the information listed below:

Company Name Supervisor name Telephone number Employed as a driver of same size units

**NOTICE: THE FOLLOWING PERTAINS TO THE FAIR CREDIT REPORTING ACT:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and warranty on the part of the insured.

Signature of Applicant

Date

Time

Signature of Agent

Date

Time

Insured Name: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature (Must be Signed)

. Do any of the companies to be insured perform any operations other than that of a carrier? \_\_\_\_\_

a) Do any of the companies to be insured sub-contract to other parties? \_\_\_\_\_

If so, Long Term (30 days plus) or Short term leases: \_\_\_\_\_

b) Are sub-contractors insured for their cargo liability? \_\_\_\_\_ (If yes, please give details of steps taken to establish extent of cover provided, and to ensure cover remains in force).

Please attach details of any YES answers to the above-attach separate sheet if necessary

. Please provide the gross receipts for the past five years:

YEAR	G.R. OWN HAULS	G.R. SUBCONTRACTED	TOTAL G.R. ALL OPERATIONS
EST.			

The following interests are EXCLUDED under the basic policy form, but can normally be covered at an additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and/or other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, alcohol, beer, wine, garments (defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like), seafood unless canned, and electronics (defined as : all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, HI-Fish, CD players, and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are not considered to be electronics.

Form of cover required:

Broad Form ☐

incl Reefer Breakdown ☐

Named Peril Form ☐

. List by category and percentage of the total loads shipped:

Type of Cargo	Avg. Value per load	Max. Value per load	% of total loads
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			

Do you require cover for cargo in terminals or at other places where vehicles are left overnight or at weekends either on vehicles\_? \_\_\_\_\_ or off vehicles? \_\_\_\_\_

If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced Yard Locked at night?	24 hr. watchman	Alarmed Building	Sprinkle red Building	Max. Value Exposed?

Limits required:

- a) \$ \_\_\_\_\_ a.o. vehicle  
b) \$ \_\_\_\_\_ a.o. loss (vehicle accumulation)  
c) \$ \_\_\_\_\_ a.o. Terminal (off vehicles)

If limit for 10b is in addition to 10c,  
specify overall loss limit needed  
\$ \_\_\_\_\_

Do you ever carry loads valued greater than the cargo insurance limit requested? Yes ☐ No ☐ If yes, explain.

45. Give details of any steps taken to secure vehicles whenever left unoccupied: \_\_\_\_\_