

**SOUTHERN COUNTY MUTUAL
INSURANCE COMPANY**

**TEXAS
BUSINESS AUTO APPLICATION**

Service Address:
385 Washington Street, St. Paul, MN 55102

Entire application must be completed and signed.

GENERAL INFORMATION

Individual Corporation Partnership LLC Other _____

Name				Yrs. Applicant has been Operating 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 ()
Loss Control Services Contact Person Name					Contact's Phone ()
Loss Control E-Mail Address					

OWNER / PRINCIPAL / PRESIDENT

Name (First, Middle, Last)			Title		
SS #	Home Address			Apt. #	
City	State	Zip Code		Business Phone ()	

DESCRIPTION OF OPERATIONS

For Hire Private Other (Explain) _____

Range of Transport Interstate Intrastate

Percent of Trips: 0 - 75 Miles _____ 76 - 100 Miles _____ 101 - 300 Miles _____ 301 Miles + _____

Longest Trip One Way: _____ Miles

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 _____

Description of Operations (Provide details on type of business and use of vehicles) _____

YES NO

- | | | | |
|--------------------------|--------------------------|--|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are filings required? If yes, complete Filing Information form. | MC #: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you act as a broker or arrange loads for others? | |
| | | If yes, provide Brokerage Name: _____ | MC #: _____ |
| | | Annual Brokerage Revenue: \$ _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is all equipment operated under the applicant's business scheduled on the application? If no, attach explanation. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is all owned equipment scheduled on this application? If no, attach explanation. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you lease your vehicles to others? If yes, who must provide primary liability coverage? <input type="checkbox"/> You <input type="checkbox"/> Lessee | |

YES NO

6. Do you lease, rent, hire or borrow vehicles? If yes, do you provide the driver? Yes No
If yes, complete questions below and attach copy of lease agreement. If no, skip to question #7.

A. On what basis are they leased?	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/Trip Basis
B. Provide annual cost of hire or # of trips	_____	_____
C. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. 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
E. Describe types of vehicles rented, hired and leased. _____		

7. Do you pull doubles? Yes No Triples? Yes No

8. Any personal use of vehicles?
 If yes, provide % and details. _____

9. Is any portion of your operation seasonal? If yes, explain. _____

10. Is there "for-hire" use of vehicles?
 If yes, explain. _____

11. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

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

Location(s)	# Units	Address, City, State

13. Is any vehicle modified or specially equipped?
 If yes, explain modifications and purpose. _____

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 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, attach explanation.

17. Do any vehicles have a boom attached exceeding 60 feet in length?
 If yes, complete Crane/Boom/Bucket Supplement.

18. Do you do any logging?
 If yes, complete Logging Supplement.

19. Do you use non-owned autos? If yes, describe:
 Frequency of use _____
 Type of non-owned auto used _____

Do you require employees to have their own insurance?

Use Supplemental Application 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 (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	Past 3 Years		
						# Violations/ Convictions Minor	Major	# Accidents

DRIVER LOSS HISTORY

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

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 (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

DRIVER HIRING, TRAINING AND SAFETY

- 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
 - Other (describe) _____
- Which of the following is part of your driver performance management process:
 - Annual review of driver's driving record (MVR)
 - Periodic review of accidents/incidents
 - Incentives for violation-free and accident-free driving
 - Formal corrective action procedures
 - Driver safety training
- Do you adhere to a written vehicle inspection and maintenance program? Yes No
If yes, describe or attach program. _____

MILEAGE

	Units	Mileage Per Unit	Total Mileage
Past 12 Months			
Next 12 Months			

INSURANCE HISTORY & LOSS EXPERIENCE

- 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: Primary Auto Liability _____ Physical Damage _____
Cargo _____
- Have you ever had insurance under a different entity name? Yes No
If yes, Entity Name: _____

4. Provide 3 years Prior Carrier Information. *Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab.

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses	Loss Amount	Driver Involved in Loss

SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made.

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.

FINANCED VALUE COVERAGE The Stated Value 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.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		

***Vehicle Type Legend**

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

ADDITIONAL INTERESTS

AI Type* AI – Additional Insured LP – Loss Payee LE – Employee as Lessor AL – Lessor-Additional Insured and Loss Payee

Unit #	AI Type*	Name	Address	City	State	Zip Code

COVERAGES

- AUTO LIABILITY Limits: \$ _____ CSL
- EMPLOYERS NONOWNERSHIP LIABILITY # of employees _____
- HIRED AUTO LIABILITY Cost of Hire _____
- MEDICAL PAYMENTS Limits _____

PHYSICAL DAMAGE DEDUCTIBLES

Comprehensive \$ _____ OR Specified Causes of Loss \$ _____
 Collision \$ _____

CARGO

Limit \$ _____
Deductible \$ _____
Commodity _____

RENTAL REIMBURSEMENT

Selected Units OR All Units Amt. Per Day \$ _____ Days of coverage: _____

UNINSURED/UNDERINSURED MOTORISTS

Uninsured Motorist and Underinsured Motorist Limits: _____

Coverage and limit choices in this section are for quoting purposes only. A separate Supplemental Uninsured Motorists/Underinsured Motorists Application must be completed and signed by the applicant when binding coverage.

PERSONAL INJURY PROTECTION

Personal Injury Protection Coverage in the amount of \$2,505 is automatically included on all autos unless a signed rejection of coverage is received (N-3592) or an amount higher than \$2,505 is selected.

Optional PIP Limit: \$ _____

TEXAS DISCLOSURE STATEMENT

I, _____, the Producing Agent, am a general lines agent licensed by the Texas Department of Insurance. However, I am not authorized to bind coverage or to execute or issue a policy for the coverage you are seeking in this application. Another licensed agent appointed by Southern County Mutual Insurance Company will perform these activities. In preparing your application, collecting and remitting premium and delivering any policy or endorsement associated with your coverage, I am considered to be your agent and not the agent of Southern County Mutual Insurance Company for any purpose.

Producer's Signature

Date

Applicant's Signature

Date

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

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.

*For Texas Policyholders, Auto Coverage is written through Southern County Mutual Insurance Company.

SIGNATURES

I authorize Southern County Mutual Insurance Company 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.

As a member policyholder, I agree to be bound by the Constitution and By-Laws of Southern County Mutual Insurance Company (SCM), a non-assessable mutual company. I authorize the President of SCM and his successors, to act as my proxy and attorney-in-fact in exercising voting privileges at any membership meeting during the term of this policy and any renewal or replacement policy.

Applicant's Signature

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 the underwriting insurer 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.

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. **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.** 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 #
