

**SOUTHERN COUNTY MUTUAL  
INSURANCE COMPANY**

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

**TEXAS  
TRUCK APPLICATION  
1-10 Power Units**

Entire Application Must Be Completed and Signed

Submission Number:	Proposed Effective Dates: FROM:	TO:
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**GENERAL INFORMATION**

Individual    Corporation    Partnership    LLC    Other:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City	State	ZIP Code	Business Phone
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E-Mail Address \_\_\_\_\_

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

City	State	ZIP Code
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Tax ID: Federal ID # or SS #	U.S. DOT #	Yrs. Applicant has been Operating Under Business Name
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Safety Contact Person Name	Contact's Phone
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Safety E-Mail Address \_\_\_\_\_

**OWNER/PRINCIPAL**

Owner Name (First, Middle, Last) \_\_\_\_\_

SS # of Owner	Home Address	Apt. #
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City	State	ZIP Code	Business Phone
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**DESCRIPTION OF OPERATIONS**

Type of Operation  
 For Hire    Private    Non-Trucking    Other:

**Commodity (Check any that apply)**  
 Hazardous Materials requiring \$1,000,000 Liability limits or less    Refuse/Waste/Garbage  
 Hazardous Materials requiring Liability limits higher than \$1,000,000.  
 Explain: \_\_\_\_\_

Commodity	% of Loads	Max. Value	Commodity	% of Loads	Max. Value

**Range of Transport**  
 Interstate    Intrastate

**Operations Less than 300 Mile Radius - List City Destinations Below**


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

**Yes No**

- 1. Are filings required? If yes, complete **Filing Information** form. MC # \_\_\_\_\_
- 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?  
 If yes, 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 by you to others: \_\_\_\_\_
- 4. Is all owned equipment scheduled on this application? If no, attach explanation.
- 5. Do you lease your vehicles to others?  
 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.
- 12. Do you operate more than one terminal? If yes, provide the following:

Location(s)	# Units	Address, City, State

Yes No

13. 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 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 limits.  
 If yes and the 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.

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

**DRIVER LOSS HISTORY - Past 3 Years**

Driver Name (Last, First, Middle)	Date of Accident	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:
 

<input type="checkbox"/> Employment background check	<input type="checkbox"/> Pre-employment drug test
<input type="checkbox"/> Criminal background check	<input type="checkbox"/> Road test
<input type="checkbox"/> Motor vehicle record (MVR) review	<input type="checkbox"/> Pre-employment Screening Program (PSP) Report from FMCSA
- Which of the following is part of your driver performance management process:
 

<input type="checkbox"/> Annual review of driver's driving record (MVR)	<input type="checkbox"/> Review of electronic engine data
<input type="checkbox"/> Periodic review of driver and vehicle out-of service violations (SafeStat/CSA Reports)	<input type="checkbox"/> Incentives for violation-free and accident-free driving
<input type="checkbox"/> Periodic review of accidents/incidents	<input type="checkbox"/> Formal corrective action procedures
	<input type="checkbox"/> Driver safety training
- Do you adhere to a written vehicle inspection and maintenance program?  Yes  No  
 If yes, describe or attach program: \_\_\_\_\_



**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 \_\_\_\_\_
- MEDICAL PAYMENTS Limits \_\_\_\_\_
- REPORTING BASIS:  Revenue  Mileage  Units

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- 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 \_\_\_\_\_

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  - HIRED AUTO PHYSICAL DAMAGE *Complete and Attach Supplement*

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  - 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

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

- UNINSURED MOTORIST AND UNDERINSURED MOTORIST \_\_\_\_\_
- 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: \$ \_\_\_\_\_

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.

**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 \_\_\_\_\_

**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. Your 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. I certify that I understand the rates for this coverage are higher than normal, and that they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market. **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 #