



**OREGON
BUSINESS AUTO
INSURANCE APPLICATION**

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 _____				Federal ID # or SSN _____																																																								
Mailing Address _____				Yrs. Business Has Been Owned _____																																																								
City _____	State _____	Zip _____	E-Mail _____		Date Coverage Desired: FROM _____ TO _____																																																							
Garaging Location(s) if different: _____		City _____	State _____	Zip _____	Phone (____) _____																																																							
Loss Control Services Contact Person: Name: _____ Phone Number: _____																																																												
OPERATIONS																																																												
Description of business operations (Provide specific details on type of business and use of vehicles.)																																																												
Metro Areas Traveled Through or Into																																																												
<input type="checkbox"/> Atlanta <input type="checkbox"/> Balt-Washington <input type="checkbox"/> Boston <input type="checkbox"/> Buffalo <input type="checkbox"/> Charlotte	<input type="checkbox"/> Chicago <input type="checkbox"/> Cincinnati <input type="checkbox"/> Cleveland <input type="checkbox"/> Dallas/Ft. Worth <input type="checkbox"/> Denver	<input type="checkbox"/> Detroit <input type="checkbox"/> Hartford <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis <input type="checkbox"/> Jacksonville	<input type="checkbox"/> Kansas City <input type="checkbox"/> Little Rock <input type="checkbox"/> Los Angeles <input type="checkbox"/> Louisville <input type="checkbox"/> Memphis	<input type="checkbox"/> Miami <input type="checkbox"/> Milwaukee <input type="checkbox"/> Mpls./St. Paul <input type="checkbox"/> Nashville <input type="checkbox"/> New Orleans	<input type="checkbox"/> New York City <input type="checkbox"/> Oklahoma City <input type="checkbox"/> Omaha <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix	<input type="checkbox"/> Pittsburgh <input type="checkbox"/> Portland <input type="checkbox"/> Richmond <input type="checkbox"/> St. Louis <input type="checkbox"/> Salt Lake City																																																						
<input type="checkbox"/> San Francisco <input type="checkbox"/> Tulsa <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____																																																												
List all other states into which your vehicles are operated: _____																																																												
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If no, please explain. _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>8. Are all units registered in garaging location state? If no, please explain. _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>9. Do you agree to promptly report all new drivers?</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>10. Do you operate any mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete N467.</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11. Is any vehicle modified or specially equipped? If yes, please explain modifications and purpose. _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12. Do any vehicles have a boom attached exceeding 60 feet in length? 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INSURANCE HISTORY & LOSS EXPERIENCE						Yrs. Prior Insurance Under Business Name _____			
HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?									
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____									
(Attach list if additional space is needed)									
FROM Mo/Yr	TO Mo/Yr	Insurance Company	Type: P = Phy. Damage C = Cargo L = Liability	Policy Number	# Units Insured	Any losses during the policy term?	#	Total Incurred Amount	Driver(s) Involved In Loss
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			
						<input type="checkbox"/> No <input type="checkbox"/> Yes, then			

SCHEDULE OF AUTOS/TRAILERS TO BE INSURED (Use N3415 if additional space needed.)										
No.	Year	Make	Model	VIN #	GVW/GCW	Radius	Stated Value	Vehicle Type*	<input type="checkbox"/> Specified or <input type="checkbox"/> Comp Ded.	Collision Ded.

*** Vehicle Type Legend**

PU = Pickup	OT = Other	TK = Truck	TR = Trailer
PP = Private Passenger	TC = Tractor	VN = Vans	ME = Mobile Equipment

LIENHOLDER INFORMATION	
Unit No.	Name and Address

Must be completed for all drivers. (Use N3415 if additional space is needed.)

Driver	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	# Convictions Past 3 Years	# of Accidents Past 3 Years

COVERAGES							
LIABILITY							
Limits: Combined (BI/PD) CSL: \$ _____ each accident OR Bodily Injury \$ _____ per person \$ _____ each accident							
Property Damage \$ _____ each accident							
<input type="checkbox"/> Hired Auto Liability – Estimated cost of hire \$ _____ (Complete N3330)							
<input type="checkbox"/> Employers Non-ownership - # of employees _____ (Complete N3414)							

PHYSICAL DAMAGE

Use "Schedule of Autos" section to indicate Stated Value and applicable deductible for autos with Physical Damage Coverage.

CARGO

Limit \$ _____

Deductible \$ _____

Description _____

UNINSURED/UNDERINSURED MOTORIST/PIP/MED PAY 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: _____ |

Coverage and limit choices in this section are for quoting purposes only. Please note that a separate Northland Insurance Companies Supplemental Uninsured Motorist/Underinsured Motorist, Medical Payments, and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.

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. 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.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.

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. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits. 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