



COMMERCIAL AUTO
GENERAL LIABILITY APPLICATION SUPPLEMENT

This application must be attached to the Commercial Auto Application.

Submission/Policy Number: Proposed Effective Dates: FROM: TO:
Name

INSURANCE HISTORY AND LOSS EXPERIENCE

- 1. Has insurance company canceled or nonrenewed your policy in the last 3 years?
2. Prior years insurance under business name:
3. Have there been any General Liability losses in the last 3 years? If yes, indicate losses below:

Table with 6 columns: Prior Carrier Effective Dates From - To, Prior Carrier Name, Policy Number, # Losses, Loss Amount, Description of Loss

LIMITS

General Aggregate \$ Each Occurrence** \$
Products-Completed Operations Aggregate \$ Damage to Premises Rented to You \$
Personal & Advertising Injury** \$ Medical Expense (any one person) \$

**These limits should be the same as the Auto Combined Single Limit or the Auto Per Accident Limit.

EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in ND, OH, WA and WY only)

Limits: Bodily Injury by Accident each Accident \$
Bodily Injury by Disease each Employee \$
Bodily Injury by Disease per Policy \$

W.C. Carrier W.C. Policy # W.C. Effective Date

EMPLOYEE AND PAYROLL INFORMATION

Table with 2 columns: Total Number, Payroll. Rows include Executive Officers, Individual insureds and co-partners, Outside sales, mechanics, yard employees, terminal employees, dispatcher and other misc. payroll, TOTAL Actual payroll based on payroll developed in State of domicile

*Use Northland filed annual individual payroll for Executive Officers and Individual Insureds or Co-partners.

UNDERWRITING INFORMATION

- 1. Fully describe the insured's operation.
2. Does the insured have any operations other than trucking, such as:
a. Storage of goods of others (warehousing)
b. Repair of vehicles or goods of others
c. Storage of vehicles of others
d. Space leased to others
e. Sale of fuel or other products
f. Freight forwarding, consolidation, or brokering
g. Any sporting or social events sponsored
h. Farming operations
i. Any other business activities located at same premises
3. Does the insured generate income from other activities besides the operation of the trucks?
4. Does the insured sign any contracts requiring the insured to assume the liability of another party?
5. Does the insured use mobile equipment on or off premises such as forklifts or backhoes?

Explain all YES answers.

Applicant's Signature Date