



Agent Information

Agent:

Agency Code:

Contact:

Phone:

Email:

New Renewal

Policy Number:



MICHIGAN PUBLIC AUTO APPLICATION

Entire Application Must Be Completed and Signed

Submission Number: _____ Proposed Effective Dates: FROM: _____ TO: _____

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 #	MC #	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 For Profit Other:

Check type(s) of operations:

- | | | |
|---|--|--|
| <input type="checkbox"/> Airport Bus | <input type="checkbox"/> Employee Transportation | <input type="checkbox"/> Seasonal Recreation Transport |
| <input type="checkbox"/> Airport Limo | <input type="checkbox"/> Employment Service | <input type="checkbox"/> Sightseeing Bus |
| <input type="checkbox"/> Airport Taxi (internal) | <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Ski Bus |
| <input type="checkbox"/> Ambulance (internal) | <input type="checkbox"/> Hotel/Motel Courtesy Bus | <input type="checkbox"/> Social Service |
| <input type="checkbox"/> Athletes & Entertainers | <input type="checkbox"/> Inter City Bus | <input type="checkbox"/> Taxicabs (internal) |
| <input type="checkbox"/> Casino Gambling Bus | <input type="checkbox"/> Kiddie Cab (internal) | <input type="checkbox"/> Trams (internal) |
| <input type="checkbox"/> Charter Bus | <input type="checkbox"/> Limousine Service | <input type="checkbox"/> Transportation of Elderly |
| <input type="checkbox"/> Charter Bus w/ Casino Transport | <input type="checkbox"/> Luxury Sedan/SUV Service | <input type="checkbox"/> Transportation of Railroad Employees (internal) |
| <input type="checkbox"/> Church Bus | <input type="checkbox"/> Medical Van | <input type="checkbox"/> Trolley Bus (internal) |
| <input type="checkbox"/> Classic Cars | <input type="checkbox"/> Prisoner Transport (internal) | <input type="checkbox"/> Urban Bus (internal) |
| <input type="checkbox"/> Courtesy Bus | <input type="checkbox"/> School Bus | <input type="checkbox"/> Van Pools (internal) |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Scout Bus | <input type="checkbox"/> Public Autos - NOC |
| <input type="checkbox"/> Drum & Bugle Corp and Amateur Sports Players | | |
| <input type="checkbox"/> Other (describe): _____ | | |

Commodity (Check any that apply)

- Hazardous Materials requiring \$1,000,000 Liability limits or less
 Hazardous Materials requiring Liability limits higher than \$1,000,000.

Explain: _____

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

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: _____

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

Longest Trip One Way: _____ Miles

Yes No

1. Are filings required? If yes, complete **Filing Information** form.
2. A. Do you hire or employ any owner operators?
 B. Are the owner operators and their vehicles scheduled on this application?
 If no, explain: _____
- C. Do owner operators accept passengers from any other companies (including ridesharing and transportation network companies)?
 If yes, explain: _____
- D. Do you require owner operators to carry their own insurance?
 If yes, minimum limit required: _____
- E. Do any other companies provide insurance coverage for owner operators?
 If yes, explain: _____
- F. Percent of annual revenue from owner operators: _____%
3. Do you arrange for transportation of passengers for companies other than your own?
 If yes, explain: _____
4. A. Percent of your annual income derived from transportation network companies, ridesharing or social media apps: _____%
 Describe these operations: _____
 B. Percent of owner operator's income derived from transportation network companies, ridesharing or social media apps: _____%
 Describe these operations: _____
5. Do you transport passengers across states lines?
6. Is all equipment operated under the applicant's authority scheduled on the application?
 If no, attach explanation.
7. Is all owned equipment scheduled on this application? If no, attach explanation.
8. Do you lease your vehicles to others?
 If yes, who must provide primary liability coverage? You Lessee
9. Do you lease, rent, hire or borrow vehicles?
 If yes, do you provide the driver? Yes No
If vehicles are leased, rented or hired, complete questions below and attach copy of lease agreement.
 If no, skip to question #10.
 A. Describe type of vehicles rented, hired and leased:

B. On what basis are they leased?	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/ Trip Basis
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
If no:		
(1) 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
(2) Limit of Liability required	\$ _____	\$ _____
(3) 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
(4) 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

- Yes No**
10. Any personal use of vehicles?
A. If yes, provide % and details: _____
B. Are there any household drivers under age 25? All drivers must be shown in Driver Information section.
11. Is any portion of your operation seasonal? If yes, explain: _____
12. Do you do any package delivery?
13. Do you own/operate any other transportation companies? If yes:
A. Name(s): _____
B. Describe operations: _____
14. Do you operate more than one location? If yes, provide the following:
- | Location(s) | # Units | Address, City, State |
|-------------|---------|----------------------|
| | | |
| | | |
| | | |
15. Do any of your vehicles have special equipment for transporting physically impaired?
If yes, complete Physically Impaired and Senior Citizens section.
16. Are drivers allowed to take vehicles home when not in use? If yes, how often: _____
17. Percent of your trips to and from the airport: _____ %
18. Percent of your trips arranged 24 hours in advance: _____ %
19. Indicate how vehicles are stored (open lot, fenced, lighted lot, in garage): _____
20. Do you have a General Liability policy?
21. Do you belong to any local, state or national associations? If yes, which ones: _____
22. Do you use non-owned autos? If yes, describe:
A. Frequency of use: _____
B. Type of non-owned autos used: _____
C. Do you require employees to have their own insurance? _____

LIMOUSINES AND SEDANS

- Yes No**
1. Are you registered or licensed as a: Limousine Yes No
Taxi Yes No
2. Do any vehicles have a fare box or meter?
3. Do you charge by the: Hour Trip Miles
4. Are your vehicles dispatched or do you share dispatch services with another entity?
If yes, explain: _____
5. Are vehicles ever leased to drivers?
If yes, explain: _____
6. Do drivers wear formal chauffeur's attire?
7. If you have corporate contracts to provide transportation, list clients: _____
8. How do you solicit your business? Advertising Social Media/Rideshare Curbside
 Other (describe): _____
9. Do any vehicles have specialized equipment (i.e. hot tubs)?
If yes, describe: _____
10. Percent of your trips which are unscheduled: _____ %

FULL SIZE VANS (12 to 15 PASSENGER)

- Yes No**
1. Are licensed drivers required to have a CDL with a passenger endorsement or chauffeur license?
2. Are driver assistants on board the vans?
3. Do you have any cargo racks on your vehicles?
4. Do you tow trailers with your van?
5. Is seat belt usage mandatory for all drivers and passengers?
6. If the van is 15 passenger configuration, is the rear-most seat removed?
7. Have you trained your drivers specifically on how to safely operate the full size van?
If yes, describe: _____

SCHOOL BUS

- Yes No**
1. Are all buses school bus yellow?
2. Are all buses equipped with stop arms, flashers, and area mirrors?
3. Are any vehicles other than school buses utilized to transport students?
If yes, describe: _____
4. Do you provide transportation services in addition to school transportation?
If yes, describe: _____
5. Do you have handicap accessible vehicles?
If yes, complete Physically Impaired and Senior Citizens section.
6. Are driver assistants on board the buses?

PHYSICALLY IMPAIRED AND SENIOR CITIZENS

Yes	No		With	Loading Ramps	Wheelchair Lifts	No Special Equipment
		1. Number of vehicles owned by you:	Vans			
			Buses			
		Explain:	Other			
		2. Indicate number of vehicles equipped with the following wheelchair tie-down mechanisms: 3 point tie down _____ 4 point tie down _____ Other (describe): _____				
<input type="checkbox"/>	<input type="checkbox"/>	3. Are any vehicles not equipped with both lap and shoulder harnesses for the passengers? If yes, describe: _____				
		4. Describe management's experience operating this class of business: _____				
<input type="checkbox"/>	<input type="checkbox"/>	5. Do all drivers have a minimum of one year experience transporting elderly or those with physical disabilities? If no, explain: _____				
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you load passengers with walkers on the wheelchair lift? If yes, describe the process: _____				
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you transport patients needing emergency medical attention?				
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you ever assist passengers from inside their homes, e.g. from their beds to their wheelchairs?				
<input type="checkbox"/>	<input type="checkbox"/>	9. Have all drivers completed formal passenger assistance training?				

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

DRIVER VIOLATION HISTORY - Past 3 Years

Driver Name (Last, First, Middle)	Violations/Convictions			Date of Most Recent Moving Violation/Conviction	# Accidents
	# Minor Speeds	# Minor Other Than Speeds	# Majors		

DRIVER EMPLOYMENT HISTORY

Provide three years employment history for each driver if you have not had commercial insurance for past two years or for drivers employed less than two years operating vehicles with seating capacity in excess of 15 passengers. Do not indicate "self-employed" unless you have insurance in your name. Use form TF-079 for additional drivers.

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"/> Other (describe): _____
- 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"/> 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"/> Review of electronic engine data/video event recorders	<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: _____

MILEAGE

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

INSURANCE HISTORY AND 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 with: Primary Auto Liability: _____
 Physical Damage: _____
 Cargo: _____
- Indicate other company name(s) you have operated under in the last 3 years:
 Company Names: _____
 Insurance Provider(s): _____
- Provide 3 years Prior Carrier Information. Hard copy loss runs must be provided for last 4 years for risks with more than 10 units.

*Type: L=Prim. Liab. P=Phy. Dmg. C=Cargo GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
to					
to					
to					

LOSS HISTORY - Past 3 Years (including Drivers no longer employed)

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

SCHEDULE OF AUTOS / VEHICLE COVERAGE OPTIONS

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.

Finance Value Coverage - If selected, the Stated Limit of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Finance Value Coverage to apply.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC	

Alternative Fuel Vehicle

- Hybrid Electric All Electric Fuel Cell Natural Gas Propane Other, Specify: _____

Additional Coverages: Finance Value Lease - Loan Towing & Labor

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC	

Alternative Fuel Vehicle
 Hybrid Electric All Electric Fuel Cell Natural Gas Propane Other, Specify: _____

Additional Coverages: Finance Value Lease - Loan Towing & Labor

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC	

Alternative Fuel Vehicle
 Hybrid Electric All Electric Fuel Cell Natural Gas Propane Other, Specify: _____

Additional Coverages: Finance Value Lease - Loan Towing & Labor

***Vehicle Type Legend**

AMB - Ambulance	LUX - Luxury Sedan	NLX - Non Luxury Sedan	TRL - Trailers
BUS - Bus	MEP - Mobile Equip-Power	PU - Pickup	TRK - Trucks
LIB - Limousine Bus	MEN - Mobile Equip-NonPower	SUV - Sport Utility Vehicle	VAN - Van (Full Size)
LIM - Limousine	MTR - Motor Home	TRC - Tractors	VNS - Van (Small)

ADDITIONAL INTERESTS
Type*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee

Unit #	Type*	Name	Address	City	State	ZIP Code

COVERAGES
Note: If you transport passengers for-hire interstate, an FMCSA filing is required and you must carry the following minimum limits: Seating capacity of 15 or less: \$1,500,000 OR Seating capacity of 16 or more: \$5,000,000.

AUTO LIABILITY Limits: _____ CSL
 EMPLOYERS NONOWNERSHIP LIABILITY Number of Employees _____
 HIRED AUTO LIABILITY Cost of Hire _____

PHYSICAL DAMAGE DEDUCTIBLES
 Comprehensive _____ OR Specified Causes of Loss _____
 Collision _____ Limited Collision Broadened Collision

HIRED AUTO PHYSICAL DAMAGE *Complete and Attach Supplement*
 Diminishing Deductible Aggregate Deductible Basket Deductible Personal Effects Coverage
 CARGO Limit _____ Deductible _____

OPTIONAL CARGO COVERAGES: (Check all that apply)
 Temperature Control Electronics
 Aluminum, Copper Hard Liquor
 Additional Earned Freight Increase Limit to \$5,000 Pharmaceuticals

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

UNINSURED MOTORIST (INCLUDES UNDERINSURED MOTORIST) _____

LIMITED PROPERTY DAMAGE LIABILITY COVERAGE

This coverage is subject to a limit of \$1,000 per claim. The coverage will either pay for the damage payment legally required or will reimburse you for such payment made resulting from a small claims court judgment.

I want limited property damage liability coverage included in my policy.

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.

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. 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 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. **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 #



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
PERSONAL INJURY PROTECTION**

MICHIGAN

Name

Address

PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE

Michigan law requires that every motor vehicle liability policy, except a policy for a motorcycle, shall automatically include Personal Injury Protection (No-Fault) coverage and Property Protection coverage. Your motor vehicle liability policy will include Personal Injury Protection (No-Fault) coverage and Property Protection coverage.

COORDINATION OF BENEFITS

Your Personal Injury Protection benefits premiums may be reduced for autos owned by an individual named insured if there is applicable health and accident coverage available to the named insured, the named insured's spouse and any other relatives of the named insured who reside with the named insured.

You may elect to make such other available health and accident coverage primary and your Personal Injury Protection coverage provided under your motor vehicle liability secondary by making an election as indicated below:

- I have other health and accident coverage which covers any *allowable medical expenses* available under Personal Injury Protection coverage and I elect to make my Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *allowable medical expenses*.
- I have other health and accident coverage which covers any *work loss benefits* available under Personal Injury Protection coverage and I elect to make Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *work loss benefits*.
- I have other health and accident coverage which covers any *allowable medical expenses* and *work loss benefits* available under Personal Injury Protection coverage and I elect to make Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *allowable medical expenses* and *work loss benefits*.

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

Signature of Named Insured

Date