

UNDERWRITING INFORMATION

General Section

1. Annual Receipts for last 12 months \$ _____ Estimated Receipts for next 12 months \$ _____
2. Estimated Payroll \$ _____ No. of Employees _____ Installation Receipts \$ _____
3. List key management personnel (names, ages, job description, length of employment, % ownership).

General Liability Section

- | | Yes | No | | |
|--|--------------------------|--------------------------|--|----------------|
| 1. Do you sell, service or distribute LP Gas? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, Gallons _____ | Receipts _____ |
| 2. Do you sell or store gasoline? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, Gallons _____ | Receipts _____ |
| 3. Do you subcontract work to others? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If yes: | | | | |
| a. Type of work subcontracted _____ | | | | |
| b. Cost of subcontractor's contract labor \$ _____ | | | | |
| c. Are subcontractors required to carry insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes, indicate coverage and limits: | |
| <input type="checkbox"/> Commercial General Liability _____ | | | <input type="checkbox"/> Contractual Liability _____ | |
| <input type="checkbox"/> Worker's Compensation _____ | | | | |
| Are certificates of insurance obtained from subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| d. Are you named as an additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| e. Estimated number of subcontracted jobs in the past 12 months _____ | | | | |
| 4. Describe all contracts and/or hold harmless agreements, whether written or oral (dates, parties, cost).

_____ | | | | |

5. Do you (check all that apply) Deliver Prepare site Install home Install driveway
 Operate parts Build sheds/decks/garages Deliver homes for others Refurbish
 Perform warranty/service work Modular set-up/installation Electrical hook-up
 Heating hook-up Install fireplaces/wood stoves Plumbing hook-up
6. Describe all other services performed not listed above. _____

7. Do you draw plans, designs or specifications? Yes No
8. Do you perform operations that include blasting or utilizing explosive material? Yes No
9. Do you lease equipment to others? Yes No
10. Do you do excavating, tunneling, underground work or earth moving? Yes No
11. Explain all **YES** answers. _____

Contractor's Equipment (Complete only if coverage is desired.)

1. Where is the equipment stored at night? Jobsite Home Other _____
2. If equipment is stored at job site, describe theft protection. _____

3. Is fire extinguishing equipment maintained on each piece of equipment? Yes No
4. Operator's experience operating similar equipment _____ years.
5. Have any payments been delinquent in the last 6 months on the equipment being insured? Yes No

Property Section (Complete only if coverage is desired.)

1. Year building built _____ Year of updates: Heating _____ Plumbing _____ Electrical _____ Roof _____
2. Protection class _____ Distance to nearest hydrant _____ # of Stories _____ Area (sq. feet) _____
3. Construction: Frame Brick Veneer Joisted Masonry Metal Clad
 Fire Resistive Other _____
4. Is the building sprinklered? Yes No Do you own building? Yes No
5. Are there any other occupancies? Yes No If yes, describe. _____
6. Describe adjacent businesses. _____

Commercial Auto

1. Do you haul for hire (goods of others)? Yes No
2. Do you transport anhydrous ammonia, explosives, gasoline, LPG, acids or chemicals? Yes No
3. All filings required? Yes No If yes, ICC Docket # _____
4. Is all equipment operated under your authority on the application? Yes No
5. Is all of the equipment scheduled owned by you? Yes No
6. Are all vehicles titled in the name of the corporation (if incorporated) or in your or any family member's name (if a sole proprietorship) on this application? Yes No
7. Do you lease or hire equipment from others? Yes No If yes, Permanent Trip Lease
If trip lease, Annual Cost of Hire: \$ _____
8. Do you lease equipment to others? Yes No
9. Are any vehicles used for personal use? Yes No

DRIVER INFORMATION			Must be completed for all drivers.							
Driver	Date of Birth	License Number	State	# Years Commercial Driving Exp.	Date of Hire	Number Violations Last 3 years			Number Accidents Last 3 Years	Has License Been Suspended Last 3 years
						# Minor	# Major	# Minor past yr.		

DRIVER EMPLOYMENT HISTORY		Heavy Truck/Mobile Home Toters Operators Only		
Driver	Prior Employer & Full Address	Dates of Employment	Type of Unit	

SCHEDULE OF AUTOS TO BE INSURED									
No.	Model Year	Trade Name	Type	VIN	Cost New	GVW/GCW	Stated Value	Radius	Zone / Terr.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

LIENHOLDER INFORMATION	
Auto #	Name and Address

COVERAGES & LIMITS	
<input type="checkbox"/> AUTO LIABILITY	<input type="checkbox"/> HIRED AUTO LIABILITY <input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY SYMBOL _____
<input type="checkbox"/> LIABILITY Limits:	<input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL
	<input type="checkbox"/> Split Limits BI \$ _____ per person \$ _____ per accident PD \$ _____ each accident
<input type="checkbox"/> UNINSURED MOTORISTS	Limits \$ _____ <input type="checkbox"/> UNDERINSURED MOTORISTS Limits \$ _____
<input type="checkbox"/> MEDICAL PAYMENTS	Limits \$ _____ <input type="checkbox"/> PERSONAL INJURY PROTECTION Limits \$ _____
<input type="checkbox"/> PHYSICAL DAMAGE	Deductibles: <input type="checkbox"/> Collision \$ _____ <input type="checkbox"/> Specified Perils OR <input type="checkbox"/> Comprehensive
<input type="checkbox"/> CARGO	<input type="checkbox"/> Limit \$ _____ <input type="checkbox"/> Deductible \$ _____
<input type="checkbox"/> COMBINED DEDUCTIBLE	<input type="checkbox"/> Physical Damage Only <input type="checkbox"/> Physical Damage/Cargo
Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, No-Fault, and Medical Payments insurance (as required by state law) must be completed and submitted together with this application for insurance coverage.	

SIGNATURES	This is a <input type="checkbox"/> New <input type="checkbox"/> Renewal in our agency
<p>I authorize Northland Insurance Companies to obtain a copy of my 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.</p> <p>I hereby covenant and agree 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, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. 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.</p>	<p>Name, Title, and Address of individual purchasing this insurance:</p> <p><input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City/State/Zip</p>

APPLICANT'S SIGNATURE AND TITLE	DATE

AGENT NAME, ADDRESS & PHONE	

AGENT'S SIGNATURE	DATE