# TRUCK APPLICATION

**1-10 Power Units**

Entire Application Must Be Completed and Signed

|  |  |
| --- | --- |
| Submission Number: | Proposed Effective Date: From 03/25/2025 To: 03/25/2026 |
| **GENERAL INFORMATION:** |
| ☐Individual ☒Corporation ☐Partnership ☐LLC ☐Other: |
| Name:  |  Cheema Cali Transport Inc |
| Mailing Address: | 3507 Sunstone Ct Merced, Ca 95340  |
| Business Phone | (732) 788-8828 |
| E-Mail Address | cheemasatnam80@gmail.com |
| Garaging Address (If different): | 5249 N Cornelia Ave, Fresno, CA 93722 |
| Tax ID: Federal ID # or SS #: 86-1435537 | UID DOT: 3580678 | MC #:1209392 |
| Yrs. Applicant has been Operating Under Business Name: 03/25/2021 |
| Safety Contact person Name: Satnam Singh | Contact’s Phone: (732) 788-8828 |
| Safety E-Mail Address: cheemasatnam80@gmail.com |
| **OWNER/PRINCIPAL:** |
| Owner Name (First, Middle, Last): | Satnam Singh |
| Home Address: | 3507 Sunstone Ct Merced, Ca 95340  |
| SS # of Owner |   | Apt. #  |  |
| Business Phone | (732) 788-8828 |
| DESCRIPTION OF OPERATIONS: |
| Type of Operation | ☒For Hire ☐Not for Hire ☐Non-Trucking ☐Private ☐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. |
| **Commodity** | **%of Loads** | **Max. Value** | **Commodity** | **%of Loads** | **Max. Value** |
| Canned Goods | 25% | $25,000 | Fresh Produce  | 25% | $25,000 |
| Paper Products | 25% | $25,000 | Water/Beverages | 25% | $25,000 |
| Range of Transport: ☒ Interstate ☐ Intrastate |
| **Operations Less than 300 Mile Radius - List City Destinations Below:** |
| ☐Atlanta | ☐Cleveland | ☐Jacksonville | ☐Milwaukee | ☐Orlando  | ☐Salt Lake City  |
| ☐Belt /Washington | ☐Dallas/Ft. Worth | ☐Kansas City | ☐Mpls./St/ Paul | ☐Philadelphia | ☐San Diego |
| ☐Boston | ☐Denver | ☐Little Rock | ☐Nashville | ☐Phoenix | ☐San Francisco |
| ☐Buffalo | ☐Detroit | ☐Los Angeles | ☐New York City | ☐Pittsburgh | ☐Seattle  |
| ☐Charlotte | ☐Hartford | ☐Louisville | ☐New Orleans | ☐Portland | ☐Tampa |
| ☐Chicago | ☐Houston | ☐Memphis | ☐Orlando | ☐Richmond | ☐Tulsa |
| ☐Cincinnati | ☐Indianapolis | ☐Miami | ☐City Omaha | ☐St. Louis |  |
| Cities other than above or regular routes: |
| Percent of Loads: | 0-100 Miles |  | 100-300 Miles |  | 301 More |  |
| Longest Trip One Way: |  Miles |

Yes/No

1. Are filings required? If yes, complete **Filing Information** form. ☐ ☒
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

1. Is all equipment operated under the applicant's authority scheduled on the application? ☒ ☐
	1. If no, attach explanation.
	2. Indicate % of loads brokered by you to others:
2. Is all owned equipment scheduled on this application? If no, attach explanation. ☒ ☐
3. Do you lease your vehicles to others?

If yes, who must provide primary liability coverage? You☐Lessee☐ ☐ ☒

1. 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 Landing? You☐ Lessee☐B. On what basis are they leased | ☐Permanent Basis | ☐Temporary/Trip Basis |
| C. Provide annual cost of hire or # trips | ☐ Yes ☐ No | ☐ Yes ☐ No  |
| D. Are leased vehicles included in this application for insurance? | ☐ Yes ☐ No | ☐ Yes ☐ No |
|  1. If yes, do you require leased vehicle owners to purchase non-trucking liability coverage? | ☐ Yes ☐ No | ☐ Yes ☐ No |
|  2 If.* + 1. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?
		2. Limit of Liability required
		3. Do you secure evidence the lessor has primary auto liability coverage?
		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?
 | ☐ Yes ☐ No☐ Yes ☐ No$....☐ Yes ☐ No☐ Yes ☐ No | ☐ Yes ☐ No☐ Yes ☐ No3 Day$ ..Yes ☐ No |

7. Do you pull Doubles? ☐ Yes ☒ No Triples? ☐ Yes ☒ No

 8. Do you haul intermodal containers ☐ Yes ☒ No

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.you operate more than one terminal? If yes, provide the following:

|  |  |  |
| --- | --- | --- |
| Location(S) | #Unit | Address, City. State |
|  |  |  |

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 |
| **Driver Name (Last, First, Middle)** | **Date of Birth** | **License Number** | State | **# Yrs. Driving Similar Equip.** | **Date of Hire**  |
| Gurwinder Singh  | 07/28/1991 | 843333201 | NY | Over 2 years |  |
| DRIVER VIOLATION HISTORY - Past 3 Year |
| 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:**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:

1. Which of the following is part of your driver screening/hiring process:

☒ Employment background check ☒ Pre-employment drug test

☒ Criminal background check ☒ Road test

☒ Motor vehicle record (MVR) review ☒ Pre-employment Screening Program (PSP) Report from FMCSA

2. Which of the following is part of your driver performance management process:

☒ Annual review of driver's driving record (MVR) ☒ Review of electronic engine data

☒ Periodic review of driver and vehicle out of service

driving violations (Safe Stat/CSA Reports) ☒ Incentives for violation-free and accident-free driving

☐ Formal corrective action procedures

☒ Periodic review of accidents/incidents ☒ Driver safety training

3. Do you adhere to a written vehicle inspection and maintenance program? ☒ Yes ☐ No

If yes, describe or attach program………

|  |
| --- |
| REVENUE AND MILEAGE |
| Past 12 Month | Units | Revenue per unit | Top Mileage per unit | Total Revenue | Total Mileage |
|  |  |  |  |  |
| Next 12 Month |  |  |  |  |  |

**INSURANCE HISTORY AND LOSS EXPERIENCE:**

1. Has an insurance company cancelled or non-renewed your policy in the last 3 years?

### (Missouri Applicants - Do not answer this question.)

☐Yes ☒No If yes, explain:

1. Prior years insurance under business name with: Primary Auto Liability:

Non-Trucking Auto Liability:

1. Indicate other company name(s) you have operated under in the last 3 years:

Company Names: Insurance Provider(s):

4. Provide 3 years Prior Carrier Information. Hard copy loss runs must be provided for risks with 5 or more power units

### \*Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab. GL=Genl Liab. IM=Inland Marine

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prior carrier effective dates To: | Prior Carrier Name | Policy Number | Coverage Type\* | #units Insured | # Losses |
|   |  |  |  |  |  |

**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”**

All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 10 power units, form N-2379, Fleet Application, must be completed.

 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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Unit ID** | **Year** | **Make** | **VehicleType** | **VIN #** | **Stated Limit**  | **GVW/GCW** | **Radius**  |
| **1**  |  | **2022** | **Freightliner**  | **TKTR**  | **3AKJHHDRXNSMZ2057** | **$50,000.00** |  |  |
| **2**  |  |  | **Interchange**  | **Trailer**  | **Unknown** | **$40,000.00** |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

### Vehicle Type Legend:

|  |  |  |  |
| --- | --- | --- | --- |
| **CCT - Car Carrier Trailer** | **FLT- Flat Bed** | **PUP - Pup Trailer**  | **TAL - Tanker LPG** |
| **CON - Container (Intermodal)** | **HOP - Hopper/Grain** | **☐ SEM - Semi Trailer**  | **TAP - Tanker Pneumatic/Dry Bulk** |
| **CUS - Curtain Side** | **LWF - Live/Walking/Floor** | **☐ SRT - Showroom Trailer**  | **TAO - Tanker-Other** |
| **DOL - Dolly, Con Gear** | **LIV - Livestock** | **TAN - Tandem** | **NOC - Trailers Not Otherwise Classified** |
| **DRP - Drop Deck, Gooseneck** | **LOG - Log** | **TAT - Tank Trailer** | **TRC - Tractors** |
| **DPS - Dump Side** | **LOW - Lowboy** | **TAA - Tanker Asphalt/Hot Oil** | **TRK -Trucks** |
| **DPB - Dump Trailer (Bottom)** | **MEQ - Mobile Equipment** | **☐ TAC - Tanker Chemical/Acid**  | **VAD - Van Trailer (Dry)** |
| **DPE - Dump Trailer (End)** | **PUL - Pull Trailer** | **☐ TAG - Tanker Gasoline/Fuel**  | **REF - Van Trailer (Temp Control)** |

**ADDITIONAL INTERESTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit #** | **Type** | **Name** | **Address** | **City** | **State** | **Zip Code** |

**COVERAGES:**

|  |
| --- |
| **☒** Auto Liability Limits: $1,000,000 CSL |
| ☐ Liability for Nin-Trucking use Limits: CSL  |
| Leased to: |  |
| Employers Non-ownership Liability Number of Employees |  |
| Hired Auto Liability Cost of Hire |  |
| Medical Payments Limit: |  |
| ☐Reporting Basis ☐Revenue ☐Mileage ☐Units |
| 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 | $2,500 | ☐Specified Causes of Loss |  |
| **☒** Collision  | $2,500 |
| Hired Auto Physical Damage Complete and attach supplement  |
| **☒** Cargo Limits: | $100,000.000 | Deductible | $1,000 |
| 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 |
| COMBINED DEDUCTIBLE | RENTAL REIMBURSEMENT | ☐ Deluxe Coverage Endorsement |
| Coverage included unless declined | ☐Selected units OR ☐ All  | Units Days of Coverage: |
| ☐ Decline Combined Deductible | Amount Per day:  | ☐30 ☐120 |
| UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS: |
| ☐Uninsured Motorist |  |
| ☐ Underinsured Motorist |  |
| ☐ Personal Injury Protection |  |

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorists/Underinsured Motorists and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[**4**](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.

**Iowa, Illinois, New Mexico, Oregon, Washington and Wisconsin:** The signing of this application does not bind the company to offer, nor the applicant to purchase, the insurance. It is agreed that this application, including any material submitted in conjunction with the application or any renewal, shall be the basis of the insurance and shall be considered physically attached to and part of the policy issued. The company will have relied upon this application, including any **material submitted therewith, in issuing the policy.**

### FRAUD STATEMENTS

**ARKANSAS, LOUISIANA, NEW MEXICO AND VERMONT:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE, TENNESSEE, AND WASHINGTON:** 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.

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with INTENT TO DEFRAUD or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law.

**UTAH:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**ALL OTHER STATES:** 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.

**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. 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.

**State Notices:**

**Montana:** A single loss is among the insurance company's criteria for nonrenewal.

**South Carolina:** The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.

|  |  |  |
| --- | --- | --- |
| APPLICANT'S SIGNATURE | DATE | APPLICANT'S TITLE |
| APPLICANT'S PRINTED NAME |  |  |
| PRODUCER'S SIGNATURE | PHONE # | FAX # |