

OWNER OPERATOR APPLICATION



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Section 1

MOTOR CARRIER INFORMATION

Motor Carrier Name: _____ Dot #: _____ MC #: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Email: _____ Fax Number: _____
Kind of Cargo Hauled _____ Haul Hazmat: Yes No Provide Liability: Yes No
Type of Operation: Van Flatbed Tanker End Dump Intermodal Other _____

Section 2

TRUCK OWNER INFORMATION

Owner Name: _____ Business Name: _____
Owner Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Email Address: _____
Cell Phone: _____ Home Phone: _____ Fax Number: _____
Number of years in business: _____ Hauling Radius (miles): <200 201-500 >500
How did you hear about us? Motor Carrier Current Client Truck Dealer
 Website Finance Company Other: _____

Section 3

DRIVER INFORMATION

Driver 1 Name: _____ Driver Wages reported as: 1099 W-2
Address: _____ City: _____ State: _____ Zip: _____
CDL #: _____ State _____ Date of Birth: _____
Number of Years **Class A CDL** Driving Experience: _____
Number of violations last 4 years: _____ Number of accidents last 4 years: _____
Description of violations/accidents: _____

Driver 2 Name: _____ Driver Wages reported as: 1099 W-2
Address: _____ City: _____ State: _____ Zip: _____
CDL #: _____ State _____ Date of Birth: _____
Number of Years **Class A CDL** Driving Experience: _____
Number of violations last 4 years: _____ Number of accidents last 4 years: _____
Description of violations/accidents: _____

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All insurance programs provided to Truckers Service Association (TSA) members are exclusively brokered by TrueNorth®, a licensed insurance agency located in Iowa.

Important Note: All 3 pages must be completed and application signed & returned before it will be processed.

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Section 4

TRUCK/TRAILER INFORMATION

Unit 1 Tractor Trailer Straight Truck Other: _____ Existing Damage? Yes No

Year: _____ Make: _____ Vin #: _____

Actual Cash Value: _____ Loan on Equipment? Yes No (If yes, complete section 5)

Unit 2 Tractor Trailer Straight Truck Other: _____ Existing Damage? Yes No

Year: _____ Make: _____ Vin #: _____

Actual Cash Value: _____ Loan on Equipment? Yes No (If yes, complete section 5)

Section 5

LOSS PAYEE INFORMATION

Unit 1 Name: _____ Loan Balance _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Unit 2 Name: _____ Loan Balance _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Section 6

COVERAGE SELECTION

Non-Trucking Liability (select limit)

Physical Damage

\$500,000 \$1,000,000 \$2,000,000

Extended Coverage

**Separate Application Required for:*

Personal Property

Passenger Accident*

Deductible BuyBack

Occupational Accident*

Gap*

Requested Effective Date: _____

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Section 7

CHOOSE BILLING DATE

1st of Each Month

Section 8

CHOOSE BILLING METHOD

Primary Method

Checking Account Deduction (Must provide TrueNorth with a copy of a voided check.)

Route Number: _____ Account Number: _____

Alternative Method

Credit or Debit Card Deduction

MasterCard

Visa

American Express

Card Number: _____ Expiration Date: _____

Printed Name: _____ Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature Authorization: ***SIGN*** _____

****First Month's Premium is Nonrefundable**

Section 9

ACCEPT TRUCKERS SERVICE ASSOCIATION

I authorize and request **TrueNorth** of Iowa to effect payment of insurance premiums for coverage provided to me by initiating debit entries to my demand deposit (checking) account at the financial institution (FI) named above. **TrueNorth** will initiate these entries on a regularly scheduled basis through the use of the Automated Clearing House (ACH), or if marked above, regularly scheduled charge card debits. It is understood that the debit entry sent to the FI will not exceed the amount due printed on my **TrueNorth** statement. However, it is agreed that the total amount due may vary from statement to statement depending on services provided to me by **TrueNorth** and it is understood that the debit entry sent to my FI or credit card or debit card will reflect the total amount due at the time the debit entry is generated. I may terminate this agreement at any time with written notification to **TrueNorth**; cancellation will become effective the date and time when request is received by TrueNorth unless future cancellation date is requested. However, it is understood that the ability of **TrueNorth** to act on a notification of termination may require more than one billing cycle, depending on the time when **TrueNorth** receives notification.

I hereby certify the information on this application is complete and truthful. Insurance shall become effective on the date specified on this application if underwriting requirements are met and the required premium paid. I understand that my 1st month's premium is fully earned and non-refundable once coverage is bound. If we are unable to collect the required premium coverage will be voided. TrueNorth located at 500 1st St SE, Cedar Rapids, IA 52401 is appointed power of attorney for the following purpose. This is your authorization to cancel my insurance coverage in the event that my contract to permanently lease equipment with driver to a Motor Carrier is terminated or that my membership in Truckers Service Association is terminated. I understand that coverage will terminate at the same date and time the permanent lease with the Motor Carrier is terminated provided TrueNorth has received a written request to cancel or unless we are notified that you have signed a permanent lease with another Motor Carrier. I hereby apply for membership to Truckers Service Association (TSA) for myself and all covered drivers in my employ.

TSA is a non-profit organization with its principle place of business in Cedar Rapids, Iowa. I understand that there is a membership fee of \$9/month per covered person for this membership.

Signature: ***SIGN*** _____ Date: _____

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