



PUBLIC AUTO APPLICATION

Entire application must be completed and signed.

GENERAL INFORMATION

Individual
 Corporation
 Partnership
 LLC
 Other _____

Name _____ Yrs. Applicant has been Operating Under Business Name _____

Mailing Address _____ Federal ID # or SSN _____ U.S. DOT Number _____

City _____ State _____ Zip _____ Date Coverage Desired: FROM _____ TO _____

Garaging Location(s) if different: _____ City _____ State _____ ZIP _____ Phone () _____

Loss Control Services Contact Person Name _____ Contact's Phone () _____

Loss Control E-Mail Address _____

OWNER / PRINCIPAL / PRESIDENT

Name (First, Middle, Last) _____ Title _____

SS # _____ Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____ Business Phone () _____

DESCRIPTION OF OPERATIONS

Check type(s) of operations:

<input type="checkbox"/> Airport Bus	<input type="checkbox"/> Gambling/Casino Transportation	<input type="checkbox"/> School Bus
<input type="checkbox"/> Airport Limo	<input type="checkbox"/> Employee Transportation	<input type="checkbox"/> Scout Bus
<input type="checkbox"/> Airport Shuttles	<input type="checkbox"/> Employment Service	<input type="checkbox"/> Senior Citizen Transportation
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Hotel/Motel Courtesy Bus	<input type="checkbox"/> Sightseeing Bus
<input type="checkbox"/> Athletes & Entertainers	<input type="checkbox"/> Inter City Bus	<input type="checkbox"/> Social Service
<input type="checkbox"/> Transportation	<input type="checkbox"/> Kiddie Cab	<input type="checkbox"/> Railroad Worker Transportation
<input type="checkbox"/> Charter Bus	<input type="checkbox"/> Limousine	<input type="checkbox"/> Taxi
<input type="checkbox"/> Church Bus	<input type="checkbox"/> Luxury Sedan – Corporate	<input type="checkbox"/> Trolley Bus
<input type="checkbox"/> Courtesy Bus	<input type="checkbox"/> Transfer	<input type="checkbox"/> Urban Bus
<input type="checkbox"/> Day Care	<input type="checkbox"/> Non-Emergency Medical	<input type="checkbox"/> Van Pools
<input type="checkbox"/> Drum & Bugle Corp and Amateur Sports Team	<input type="checkbox"/> Physically Impaired Transportation	
<input type="checkbox"/> OTHER: (describe) _____	<input type="checkbox"/> Prisoner Transportation	

For Hire
 Private
 For Profit
 Other (Explain) _____

Range of Transport
 Interstate
 Intrastate

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

Longest Trip One Way: _____ Miles

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 _____

YES NO

- 1. Are filings required? If yes, complete **Filing Information** form. MC #: _____
- 2. Do you act as a broker or arrange trips for others?
If yes, provide Brokerage Name: _____ MC #: _____
Annual Brokerage Revenue: \$ _____
- 3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
- 4. Is all owned equipment scheduled on this application? If no, attach explanation.
- 5. Do you lease your vehicles to others? If yes, who must provide primary liability coverage? You Lessee
- 6. Do you lease, rent, hire or borrow vehicles? If yes, do you provide the driver? Yes No
If yes, complete questions below and attach copy of lease agreement. If no, skip to question #7.
A. Describe types of vehicles leased, rented or hired. _____

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

- 7. Do you own/operate any other transportation companies? If yes, provide names and describe operations.

- 8. Is any portion of your operation seasonal? If yes, explain. _____
- 9. Do you do any package delivery?
- 10. Do any of your vehicles have special equipment for transporting physically impaired?
If yes, complete PHYSICALLY IMPAIRED AND SENIOR CITIZEN VEHICLES section.
- 11. Is there any personal use of scheduled autos?
If yes, describe personal use. _____
- 12. Are there any household drivers under age 25? (All drivers must be shown in Driver Information section.)
- 13. Are drivers allowed to take vehicles home when not in use? If yes, how often? _____
- 14. Percent of your trips to and from the airport: _____
- 15. Percent of your trips arranged 24 hours in advance: _____
- 16. How are vehicles stored? (open lot, fenced, lighted lot, in garage) _____
- 17. Do you have a General Liability policy?
- 18. Do you belong to any local, state or national associations? If yes, which ones: _____
- 19. Do you use non-owned autos? If yes, describe:
Frequency of use _____
Types of non-owned autos used _____
- Do you require employees to have their own insurance?
- 20. Do you operate more than one location? If yes, provide the following:

Location(s)	# Units	Address, City, State

LIMOUSINES AND SEDANS

YES NO

- 21. Are you registered or licensed as a: Limousine Yes No Taxi Yes No
- 22. Do any vehicles have a fare box or meter?
- 23. Do you charge by the: Hour Trip Miles
- 24. Are your vehicles dispatched or do you share dispatch services with another entity?
If yes, explain. _____
- 25. Are vehicles ever leased to drivers?
If yes, explain circumstances. _____
- 26. Do drivers wear formal chauffeur's attire?
- 27. If you have corporate contracts to provide transportation, list clients. _____
- 28. How do you solicit your business?
 Advertising Yellow Pages Curbside Other: Describe _____
- 29. Do any vehicles have specialized equipment (i.e. hot tubs). If yes, describe: _____
- 30. What percent of your trips are unscheduled? _____

PHYSICALLY IMPAIRED AND SENIOR CITIZENS

- | | | With: _____ | Loading Ramps | Wheelchair Lifts | No Special Equipment |
|--------|-----------|--------------------------------------|---------------|------------------|----------------------|
| YES NO | (Explain) | 31. Number of vehicles owned by you: | VANS | | |
| | | | BUSES | | |
| | | | OTHER | | |
- 32. How many vehicles are equipped with the following wheelchair tie-down mechanisms?
3 point tie-down _____ 4 point tie-down _____ Other (describe) _____
 - 33. Are any vehicles **not** equipped with both lap belts and shoulder harnesses for the passengers?
If yes, describe. _____
 - 34. Describe management's experience operating this class of business. _____
 - 35. Do all drivers have a minimum of 1 year experience transporting elderly or those with physical disabilities?
If no, explain. _____
 - 36. Do you load passengers with walkers on the wheelchair lift?
If yes, describe the process. _____
 - 37. Do you transport patients needing emergency medical attention?
 - 38. Do you ever assist passengers from inside their homes, e.g. from their beds to their wheelchairs?
 - 39. Have all drivers completed formal passenger assistance training?

FULL SIZE VANS (12-15 Passenger)

YES NO

- 40. Are licensed drivers required to have a CDL with a passenger endorsement or Chauffeur License?
- 41. Are driver assistants on board the vans?
- 42. Do you have any cargo racks on your vehicles?
- 43. Do you tow trailers with your van?
- 44. Is seat belt usage mandatory for all drivers and passengers?
- 45. If the van is of a 15 passenger configuration, is the rear-most seat removed?
- 46. Have you trained your drivers specifically on how to safely operate the full size van?
If yes, describe. _____

SCHOOL BUS

YES NO

- 47. Are all buses school bus yellow?
- 48. Are all buses equipped with stop arms, flashers, area mirrors?
- 49. Are any vehicles other than school buses utilized to transport students?
If yes, describe. _____
- 50. Do you provide transportation services in addition to school transportation?
If yes, describe. _____
- 51. Do you have any handicap accessible vehicles?
If yes, complete questions 25-33 of the public auto application.
- 52. Are driver assistants on board the buses?

Use Supplemental Application 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	Past 3 Years		# Accidents
						# Violations/ Convictions Minor	Major	

DRIVER LOSS HISTORY

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

DRIVER EMPLOYMENT HISTORY

Provide three years employment history for each driver if you have not had 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 had insurance in your name. Use Driver Employment History 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:
 - Employment background check
 - Criminal background check
 - Motor vehicle record (MVR) review
 - Pre-employment drug test
 - Road test
 - Other (describe) _____
- Which of the following is part of your driver performance management process:
 - Annual review of driver's driving record (MVR)
 - Periodic review of accidents/incidents
 - Review of electronic/video event data recorders
 - Incentives for violation-free and accident-free driving
 - Formal corrective action procedures
 - 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 & LOSS EXPERIENCE

- 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. _____
- Prior years insurance under Business name: Primary Auto Liability _____ Physical Damage _____
- Have you ever had insurance under a different entity name? Yes No
 If yes, Entity Name: _____
- Provide 3 years Prior Carrier Information. ***Type: P=Phys. Dmg. C=Cargo L=Prim. Liab.**

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses	Loss Amount	Driver Involved in Loss

For accounts with more than 10 units, attach Loss Runs for last 4 years.

SCHEDULE OF AUTOS

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.

No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVM/CMC
No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVM/CMC
No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVM/CMC

ADDITIONAL INTERESTS

AI Type* AI – Additional Insured LP – Loss Payee AL – Lessor-Additional Insured and Loss Payee

Unit #	AI 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 # of employees _____
- HIRED AUTO LIABILITY Cost of Hire _____
- MEDICAL PAYMENTS Limits _____

PHYSICAL DAMAGE DEDUCTIBLES

Comprehensive \$ _____ OR Specified Causes of Loss \$ _____
 Collision \$ _____

 CARGO

Limit \$ _____
Deductible \$ _____
Commodity _____

RENTAL REIMBURSEMENT

Selected Units All Units Amount Per Day: \$15 \$20 Days of coverage: (30 – 45) _____

Available for Auto with Physical Damage Coverage:

Towing & Labor Financed Value Lease/Loan Downtime

UNINSURED/UNDERINSURED MOTORIST 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 Motorist/Underinsured Motorist 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:

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 #



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

INDIANA

(To be completed and signed by Named Insured)

Name

Address

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage provides protection for persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death and for injury to or destruction of property. An uninsured motor vehicle means a motor vehicle that has no liability insurance, has insurance that is not in compliance with applicable financial responsibility requirements or whose insurer is insolvent. Refer to your policy for prevailing coverage provisions.

Underinsured Motorists Coverage provides protection for persons insured under the policy who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, sickness or disease, including death. An underinsured motor vehicle means a motor vehicle for which the available limits of bodily injury liability coverage are less than your policy's limits of Underinsured Motorists Coverage at the time of the accident, but does include an uninsured motor vehicle. Refer to your policy for prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage for bodily injury ("**UMBI**") and Uninsured Motorists Coverage for property damage ("**UMPD**") in limits equal to your policy's liability limits and Underinsured Motorists Coverage for bodily injury ("**UIM**") in limits equal to your policy's liability limits, unless you make a rejection or selection of other limits below. The automatic Uninsured Motorists Coverage and Underinsured Motorists Coverage limits will be either split (each person/each accident and each accident for UMPD) or a single limit (each accident), consistent with the liability limits on your policy.

[If this is a renewal policy, the limits and options elected for the UMBI, UMPD and UIM of your expiring policy will apply for the renewal policy unless you make a different election below.]

Please indicate your desired Uninsured Motorists Coverage (UMBI and UMPD) below:

1. I reject both UMBI and UMPD.

2. I reject UMPD and select UMBI at the following limits:

Minimum Financial Responsibility limits of \$25,000 each person/\$50,000 each accident, or \$50,000 each accident. The Uninsured Motorists Coverage limits will be either split (each person/each accident) or a single limit (each accident), consistent with the bodily injury liability limits on your policy.

Other limits which are not less than the minimum limits nor greater than the policy's bodily injury liability limits (Specify Limit):

\$ 100,000 each accident

\$ 500,000 each accident

\$ 250,000 each accident

\$ 750,000 each accident

\$ 300,000 each accident

\$ 1,000,000 each accident

\$ 350,000 each accident

\$ _____

3. I select UMBI and UMPD at the following limits:

Minimum Financial Responsibility limits of UMBI at \$25,000 each person/\$50,000 each accident and UMPD at \$10,000 per accident, or UMBI and UMPD at \$60,000 each accident. The Uninsured Motorists Coverage limits will be either split (each person/each accident/each accident) or a single limit (each accident), consistent with the liability limits on your policy.

Other limits which are not less than the Minimum Financial Responsibility Limits nor greater than the policy's liability limits (Specify Limit):

\$ 100,000 each accident

\$ 500,000 each accident

\$ 250,000 each accident

\$ 750,000 each accident

\$ 300,000 each accident

\$ 1,000,000 each accident

\$ 350,000 each accident

\$ _____

4. UMPD will not be subject to a \$300 deductible unless you elect it below. *[However, if this is a renewal policy, the deductible option elected for UMPD for your expiring policy will apply for the renewal policy unless you make a different election below.]*

I select UMPD subject to a \$300 deductible.

[I no longer want my UMPD to be subject to a \$300 deductible.]

Please indicate your desired Underinsured Motorists Coverage (UIM) option below:

1. I reject UIM.

2. I select UIM at limits of \$50,000 each person/\$50,000 each accident or \$50,000 each accident. The Underinsured Motorists Coverage limits will be either split (each person/each accident) or a single limit (each accident), consistent with the bodily injury liability limits on your policy.

3. I select UIM at limits which are not less than \$50,000 each person/\$50,000 each accident or \$50,000 each accident, nor greater than the policy's liability limits (Specify Limit):

\$ 100,000 each accident

\$ 500,000 each accident

\$ 250,000 each accident

\$ 750,000 each accident

\$ 300,000 each accident

\$ 1,000,000 each accident

\$ 350,000 each accident

\$ _____

I understand that the 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 premium, 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

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

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.