



Truckers Service Association
Phone: 1-877-968-8785
Fax: 319-896-4720

EASY STEPS TO INSURANCE THROUGH TRUCKERS SERVICE ASSOCIATION (TSA)



TrueNorth®
PO Box 1863
Cedar Rapids, IA 52406

Step 1: Completing the Application

Complete Sections 1-10 of the **Owner Operator Application**

- Section 1- This is the Trucking Company who you are leased to.
- Section 2- Complete the information for the owner of the Truck.
- Section 3- Complete information for all drivers. If more than 2 drivers, make a copy of this page and use it as a supplement to provide all driver information.
- Section 4- Complete information on equipment you would like to insure. If more than 2 vehicles, make a copy of this page and use it to add units to be covered.
- Section 5- Complete this section if you have a loan on your equipment.
- Section 6- Select coverage you would like to purchase.
- Section 7- Select where you want certificates faxed to.
- Section 8- Choose how you want your premiums to be deducted.
- Section 9- Select what day you want your account billed.
- Section 10- Sign application. **Read it over and make sure everything is correct!**

Step 2: Return the Application to TSA

Return the **Owner Operator Application** to us. Be sure the **Application** is complete and signed by the owner. ***Incomplete or unsigned applications cannot be processed.***

Your application will then be processed. Please remember binding of any coverage is subject to underwriting guidelines. Coverage will be effective no earlier than the date the Application is received in our office.

Step 3: Payment

Activation payment will be taken immediately by the choice indicated on the **Page 3, Section 8**, of the Application. Future monthly payments will be taken automatically on the 1st or 10th of the month as indicated on **Page 3, Section 9**. We do not offer invoice billing.

Step 4: Proof of Insurance

Certificates will be faxed to the places selected in Section 7 of the **Owner Operator Application** if a fax number is provided. Your new business packet (including account summary, certificates, coverage information and member benefits) will be mailed within 7 to 10 days of your activation date.

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



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OWNER OPERATOR APPLICATION



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Section 1 MOTOR CARRIER INFORMATION

Motor Carrier Name: _____ M.C. Number _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____
 Contact Person: _____ Provide Primary Liability Yes No
 Haul Hazmat Yes No Full time Safety Director Yes No
 Type of Operation Van Flatbed Tanker End Dump Other _____

Section 2 TRUCK OWNER INFORMATION

Truck Owner Name _____ Business Name _____
 Truck Owner Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Fax Number _____
 Number of Years in Business _____ Hauling Radius 0-50 miles 50-300 miles over 300miles
 Date of Birth _____ Email address _____
How did you hear about us? Motor Carrier Magazine Current Owner Internet Radio

Section 3 DRIVER INFORMATION

DRIVER #1 NAME _____ Date of Birth _____
 Driver #1 Address _____ City _____ State _____ Zip _____
 Social Security Number _____ Drivers License Number _____ State _____
 # Violations Last 4 Years _____ #Accidents Last 4 Years _____ Date CDL Obtained _____
 Years of United States Over-the-Road Driving Experience in a Tractor Trailer Combination _____
 Height _____ Weight _____ Driver Wages Reported As: 1099 W2
DRIVER #2 NAME _____ Date of Birth _____
 Driver #2 Address _____
 City _____ State _____ Zip _____
 Social Security Number _____ Drivers License Number _____ State _____
 # Violations Last 4 Years _____ #Accidents Last 4 Years _____ # Years US Driving Experience _____
 Height _____ Weight _____ Driver Wages Reported As: 1099 W2

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Section 4 TRUCK/TRAILER INFORMATION

Vehicle #1

Year _____ Make _____ VIN _____

Market Value _____ Cargo Hauled _____

Tractor Trailer Straight Truck Other

Existing Damage? Yes No Loan on Equipment? Yes No (If Yes, complete Section 5)

Vehicle #2

Year _____ Make _____ VIN _____

Market Value _____ Cargo Hauled _____

Tractor Trailer Straight Truck Other

Existing Damage? Yes No Loan on Equipment? Yes No (If Yes, complete Section 5)

(If more than 2 vehicles, complete unit information supplement.)

Section 5 LOSS PAYEE INFORMATION

Vehicle #1

Name _____ Loan Balance _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Vehicle #2

Name _____ Loan Balance _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Section 6 COVERAGE SELECTION

Non-Trucking Liability \$500,000 \$1,000,000 Limit Physical Damage

**Separate Application Required for:*

Workers' Compensation* Deductible BuyBack* Passenger Accident*
 Occupational Accident* GAP*

Requested Effective Date: _____

Section 7 FAX CERTIFICATE TO

Motor Carrier Loss Payee Other _____

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Section 8

CHOOSE BILLING METHOD

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

Savings Account Deduction (Please provide TrueNorth with a copy of a deposit slip)

Credit Card Deduction

MasterCard

Visa

American Express

Card #: _____

Expiration Date: _____

Printed Name: _____

Date: _____

***By typing your name below, you agree that this is valid as your signature and you agree to the billing method chosen above.**

*Electronic Signature: _____

Section 9

CHOOSE BILLING DATE

1st of Each Month

10th of Each Month

Section 10

ACCEPT TRUCKERS SERVICE ASSOCIATION

I accept decline **TrueNorth Companies, L.C.** 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 below, 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 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**. 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.

Insurance shall become effective on the date specified on this application if underwriting requirements are met and the required premium paid. If we are unable to collect the required premium coverage will be voided. TrueNorth Companies, L.C. located at 421 Fourth Avenue, 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 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 fee of \$9/month per covered person for this membership.

***By typing your name below, you agree that this is valid as your signature and you have read and agree to the acceptance statement above and certify the information on this application is complete and truthful.**

*Electronic Signature: _____
 (please type full name)

Date: _____

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