



REQUEST FOR FILING ACTION

Company Name: Northland Insurance Company

General Agency Amwins National Transportation Underwriters		Distributor # 212000
Your Name Victoria Williams	Filings Contact Jennifer King	Date 03/27/2026
Current Policy No. WN397939	Previous Policy No. (Renewals Only) WN397939	Policy Period FROM 03/29/2026 TO 03/29/2027
<input type="checkbox"/> Make <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input type="checkbox"/> Reinstate <input type="checkbox"/> Refile <input type="checkbox"/> Renew		US DOT # 3252563
Limits of Liability \$ 1,000,000	Limits of Cargo \$ 100,000	Effective Date of Filing(s) 03/29/2026
Named Insured Shan Express LLC		MC# 01023915

Street Address (incl. City, State, ZIP Code)
4123 Strider Loop, Bellingham, WA 98226

Reason for Amend/Cancel

Check appropriate box for Intrastate Only.

L = Liability

C = Cargo

***# Required**

Not Required

L C	L C	L C
<input type="checkbox"/> <input type="checkbox"/> AL	<input type="checkbox"/> <input checked="" type="checkbox"/> LA OS/OW # _____ *	<input type="checkbox"/> <input type="checkbox"/> OR - ODOT # _____ *
<input type="checkbox"/> <input checked="" type="checkbox"/> AZ	<input type="checkbox"/> <input checked="" type="checkbox"/> MI	<input type="checkbox"/> <input type="checkbox"/> PA - PA # _____ *
<input type="checkbox"/> <input checked="" type="checkbox"/> BC - British Columbia - \$30 fee	<input type="checkbox"/> <input checked="" type="checkbox"/> MN	<input type="checkbox"/> <input checked="" type="checkbox"/> Philly Parking
<input type="checkbox"/> <input checked="" type="checkbox"/> CA - CA # _____ *	<input type="checkbox"/> <input type="checkbox"/> MS	<input type="checkbox"/> <input checked="" type="checkbox"/> SC
<input type="checkbox"/> <input checked="" type="checkbox"/> CO	<input type="checkbox"/> <input checked="" type="checkbox"/> MO	<input type="checkbox"/> <input checked="" type="checkbox"/> TX - TX DOT # _____ *
<input type="checkbox"/> <input checked="" type="checkbox"/> GA - MCA # _____ *	<input type="checkbox"/> <input checked="" type="checkbox"/> MT	<input type="checkbox"/> <input checked="" type="checkbox"/> WMATC # _____ *
<input type="checkbox"/> <input checked="" type="checkbox"/> ID	<input type="checkbox"/> <input checked="" type="checkbox"/> NV	<input type="checkbox"/> <input type="checkbox"/> VA - VA # _____ *
<input type="checkbox"/> <input type="checkbox"/> IL - IL MC # _____ *	<input type="checkbox"/> <input checked="" type="checkbox"/> NM - PRC # _____ *	<input type="checkbox"/> <input checked="" type="checkbox"/> WA
<input type="checkbox"/> <input checked="" type="checkbox"/> IN	<input type="checkbox"/> <input checked="" type="checkbox"/> NY	<input type="checkbox"/> <input checked="" type="checkbox"/> WV
<input type="checkbox"/> <input checked="" type="checkbox"/> IA	<input type="checkbox"/> <input checked="" type="checkbox"/> NC	<input type="checkbox"/> <input checked="" type="checkbox"/> WI - FEIN # _____ *
<input type="checkbox"/> <input checked="" type="checkbox"/> KS - KCC # _____ *	<input type="checkbox"/> <input checked="" type="checkbox"/> OH	<input type="checkbox"/> <input type="checkbox"/> WY
<input type="checkbox"/> <input checked="" type="checkbox"/> KY	<input type="checkbox"/> <input checked="" type="checkbox"/> OH - OS.32 _____ *	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> FMCSA
	<input type="checkbox"/> <input checked="" type="checkbox"/> OK - OCC # _____ *	

Oversize/Overweight Liability - Insured Phone # required for Ohio.

Additional Notes:
