

Motor Vehicle Pollution Liability Application

IMPORTANT NOTICE: All questions in this application must be answered. If your answer is "none", "not applicable", or "do not know", please state that. This application must be completed and signed by a corporate officer, partner or owner of the insured, with responsibility for hazardous waste/materials transportation.

Name: _____

Address: _____

Phone: _____ FAX: _____

Inspection Contact _____

Describe business operations owned and/or controlled by the applicant: _____

Does the applicant have any subsidiary or sister companies or is it owned or controlled by another company?

Yes No

If yes, please describe including any interchange of employees or equipment _____

LIMITS REQUESTED \$ _____ Per Motor Vehicle Pollution Incident Limit
 \$ _____ Aggregate Limit

DEDUCTIBLE REQUESTED \$ _____ Per Motor Vehicle Pollution Incident

- 1) When was the applicant established? _____
- 2) Is the applicant: Corporation Partnership Joint Venture Individual Other: _____
- 3) During the past five years has the name of the applicant been changed or has any other business been purchased or any merger or consolidation taken place? Yes No
 If yes, please give full details: _____

- 4) Schedule of Vehicles (Show total number of units for each of the following)

_____ Private Passenger Autos	_____ Pickup Trucks
_____ Vans (All)	_____ Stake and Flat Bed Trucks
_____ Dump Trucks	_____ Tank Trucks (500 Gallons or Less)
_____ Tank Trucks (3,000 Gallons or Less)	_____ Tank Trucks (over 3,000 Gallons)
_____ Tractors	_____ Vacuum Trucks
_____ Tank Trailers (3,000 Gallons or Less)	_____ Tank Trailers (over 3,000 Gallons)
_____ Box Trailers	_____ Flat Bed Trailers

	Percentage of Cargo	Packaged	Percentage (%) Drummed	Bulk
5) Cargo Hazard Classification				
Non Hazardous Material – Solid – List _____	_____	_____	_____	_____

Non Hazardous Material – Liquid – List _____	_____	_____	_____	_____

Hazardous Material/Waste – Solid – List _____	_____	_____	_____	_____

Hazardous Material/Waste – Liquid – List _____	_____	_____	_____	_____

Hazardous Material/Waste – Gas – List _____	_____	_____	_____	_____

Other – List _____	_____	_____	_____	_____

- 6) Hazardous Waste – Hazardous Materials _____

- a. Do you ever haul hazardous waste / materials? Yes No
 If yes, do all your contracts for hauling materials to be disposed state that the generator of such materials, and not your firm, is responsible for selecting the disposal site/facility? Yes No
 If no, please explain: _____

- b. Do all drivers have their CDL with the hazardous materials endorsement? Yes No
 If no, please explain: _____
- c. Does your company select, own or manage disposal sites for hazardous waste? Yes No
 If yes, please explain: _____
- d. Who is authorized to sign hazardous waste manifests? _____
 Is this part of the employee's job description? Yes No
- e. Does your company comply with DOT rules with regard to placarding and labeling to properly identify hazardous waste? Yes No
 If no, please attach an explanation.
- f. List and describe all hazardous materials transportation incidents during the last five (5) years (if none, so state): _____

7) WASTE HANDLING:

- a. Do you provide temporary storage services for hazardous materials or other waste?
 Yes No
 If yes, what is the maximum amount of time you will hold materials prior to disposal? _____
 What is the maximum quantities you will hold? _____
- b. Are there any restrictions on the material you will hold while waiting for disposal?
 arrangements? Yes No
- c. Do you ever take responsibility for loading or unloading hazardous materials or waste or petroleum substances? Yes No
 If yes, please explain: _____

- 8) a. Are all vehicles and equipment operated in a "hot" area decontaminated prior to leaving the site?
 Yes No
 If no, please explain: _____

- b. Describe your equipment and vehicle decontamination procedures (attach a separate sheet if necessary):

- c. List locations where company vehicles are decontaminated: _____

9) DRIVER INFORMATION

- a. Number of Drivers applicant employees: _____
 Full Time (35+ hours a week): _____
 Part Time (<35 hours a week): _____
- b. Number of Owner-Operators currently contracted _____
 Exclusive to your company: _____
- c. Are there any Drivers under contract or employment with DUI, DWI or Reckless Driving Convictions? within the last 3 years? Yes No
 If Yes, Please list _____
- d. Do you have a minimum experience requirement for your drivers? Yes No
 If Yes, Please describe _____

10) Provide the following information on your driver training and orientation programs. If you have a written manual please submit a copy (check all that apply):

- _____ we have no training program _____ training provided by 3rd parties off premises
 _____ seminars provided at our premises _____ on the job training
 other: _____

For those trained on the job how long do they have to train prior to being allowed to drive alone?

- 11) Are motor vehicle reports (MVRs) obtained on all drivers prior to hire? Yes No
 How often are MVRs rechecked? _____

- 12) Are driver files current and in compliance with DOT regulations? Yes No
 If no, please explain: _____
 Yes No

- 13) Describe your regular driving safety program: _____

- 14) Are driver logs kept and reviewed? Yes No

- 15) Do drivers receive training for tie-down and weight distribution for flat bed operations?
 Yes No

- 16) Do you require owner-operators to comply with your minimum experience, safety, maintenance and driver training requirements? Yes No

17) VEHICLE MAINTENANCE:

- a. Is there a written maintenance program? Yes No
 b. Is an individual service record file maintained on each vehicle? Yes No
 c. Are vehicle condition reports (VCRs) completed daily? Yes No
 f. Do your mechanics inspect owner/operator equipment? Yes No
 g. Do you maintain owner/operator maintenance records? Yes No

18) COMPANY GROWTH HISTORY: Please provide the figures requested for the past five years:

YEAR	GROSS REVENUES	TOTAL MILEAGE	OWNED UNITS	# OF OWNER/ OPERATORS
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

19) LOSS EXPERIENCE: Please provide totals as requested below for each of the last five years. The total of all losses both insured and uninsured should be included:

Auto Liability:

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES	# OF LOSSES
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Automobile Pollution Liability:

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES	# OF LOSSES
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* Insurance company loss runs must be provided. Please provide explanation and copies of accident and police reports on all losses in excess of \$10,000.

Notice to Arkansas, New York, Kentucky and Ohio Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any false material thereto, commits a fraudulent act which is a crime and may be subject to fines and confinement in prison.

WARRANTY: I understand and agree that insurance is provided based upon my warranty of the accuracy of the answers to the questions listed in this application and application forms attached to this application, as well as the statements made in other information I have provided as part of the application process. I further agree that any material misstatement or concealment will void coverage on my behalf.

Completion of the applications does not bind either the applicant or the company to insurance coverage.

Applicant's Signature

TITLE

Date