

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.

INSURED:

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) Do you ever haul 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: _____

5) Total personnel involved in transportation:

a) Number of administrative/clerical _____

b) Number of maintenance personnel _____

c) Number of supervisors/foremen _____

d) Number of full time drivers _____

e) Number of part time drivers _____

f) Number of owner/operators _____

g) Other (specify) _____

TOTAL EMPLOYEES: _____

Do all drivers have their CDL with the hazardous materials endorsement? Yes

No

If no, please explain: _____

6) COMMODITIES HAULED:

| <u>Specific Commodity</u> | <u>% of Total Revenue</u> | <u>Average Miles</u> |
|---------------------------|---------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If any of the commodities listed above are listed as hazardous waste, substances or materials or petroleum substances you must complete this section. Please indicate classes of materials that you currently haul or intend to haul within the next twelve months. Check all that apply.

- | | | |
|-----------------------------|------------------------------|--|
| a) _____ Flammable Liquid | j) _____ Explosives ABC | s) _____ Medical Waste |
| b) _____ Flammable Gas | k) _____ Fertilizer - Liquid | t) _____ Cyanides |
| c) _____ Flammable Solids | l) _____ Fertilizer - Bulk | u) _____ Sulfides |
| d) _____ Combustible Liquid | m) _____ Gas Cylinders | v) _____ Radioactive Mat. |
| e) _____ Combustible Gas | n) _____ Hazardous Chemical | w) _____ Waste Oil |
| f) _____ Combustible Solid | o) _____ Herbicides | x) _____ Saltwater, brine, Drilling Mud, etc. |
| g) _____ Contaminated Soil | p) _____ Insecticides | z) _____ Other |
| h) _____ Contaminated Water | q) _____ Lab Chemicals | |
| i) _____ Corrosive Acid | r) _____ Lab Packs | |

If other, please describe (attach separate sheet of paper if necessary): _____

7) Of materials hauled, provide percentage of: Bulk ____ Drummed ____ Cylinder __
Other _____ If other, explain _____

8) Does your company select, own or manage disposal sites for hazardous waste? Yes No
If yes, please explain: _____

9) List an address and phone number where records, manifests, inspection reports and personnel records are maintained: _____

10) Who is authorized to sign hazardous waste manifests? _____

Is this part of the employee's job description? Yes No

11) Does your company comply with DOT rules with regard to placarding and labeling to properly identify hazardous waste? If no, please attach an explanation.
 Yes No

12) List and describe all hazardous materials transportation incidents during the last five (5) years (if none, so state): _____

13) 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: _____

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

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

- 16) List locations where company vehicles are decontaminated: _____

- 17) DRIVER SELECTION
- a. Does driver selection include (check all that apply):
- | | |
|---------------------------|---------------------------|
| <u>Employees:</u> | <u>Owner/Operators:</u> |
| ____ Written application | ____ Written application |
| ____ Reference check | ____ Reference Check |
| ____ Written test | ____ Written test |
| ____ Road test | ____ Road test |
| ____ Physical exam | ____ Physical exam |
| ____ Substance Abuse Test | ____ Substance Abuse Test |
| ____ MVR check | ____ MVR check |
- b. Who is responsible for driver selection (give name and title): _____
 c. At what location are driver files maintained? _____
- 18) 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?

- 19) Are motor vehicle reports (MVRs) obtained on all drivers prior to hire? Yes No
 How often are MVRs rechecked? _____
- 20) Are driver files current and in compliance with DOT regulations? Yes No
 If no, please explain: _____

- 21) Describe your regular driving safety program: _____

- 22) Are driver logs kept and reviewed? Yes No
- 23) Do drivers receive training for tie-down and weight distribution for flat bed operations? Yes No
- 24) 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

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

| <u>YEAR</u> | <u>GROSS REVENUES</u> | <u>TOTAL MILEAGE</u> | <u>OWNED UNITS</u> | <u># OF OWNER/ OPERATOR</u> |
|-------------|-----------------------|----------------------|--------------------|-----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

26) 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:

| <u>YEAR</u> | <u>INSURANCE COMPANY</u> | <u>PREMIUM</u> | <u>LOSSES</u> | <u># OF LOSSES</u> |
|-------------|--------------------------|----------------|---------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Physical Damage:

| <u>YEAR</u> | <u>INSURANCE COMPANY</u> | <u>PREMIUM</u> | <u>LOSSES</u> | <u># OF LOSSES</u> |
|-------------|--------------------------|----------------|---------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Automobile Pollution Liability:

| <u>YEAR</u> | <u>INSURANCE COMPANY</u> | <u>PREMIUM</u> | <u>LOSSES</u> | <u># OF LOSSES</u> |
|-------------|--------------------------|----------------|---------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

* 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