



# 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

- When was the applicant established? \_\_\_\_\_
- Is the applicant:  Corporation  Partnership  Joint Venture  Individual  Other: \_\_\_\_\_
- 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

5) Cargo Hazard Classification	Percentage of Cargo	Packaged	Percentage (%) Drummed	Bulk
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:**

<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