

TRANSPORTATION POLLUTION LIABILITY SUPPLEMENTAL APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

INSTRUCTIONS: Please complete all applicable sections of this Application. Please read all questions carefully and provide complete answers. Failure to provide complete information may result in delay in consideration of this Application. This Application is NOT an insurance policy and the Company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper. All Applicants must sign the Application where indicated.

NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Provide a copy of the insured Driver's Training Manual.
2. Three years of currently valued loss runs from the Insured's automobile carrier.
3. Most recent income statement and balance sheet.
4. Provide past 2 years of driver's MVRs.

I. APPLICANT INFORMATION

Insured:		Date:	
Address:		Phone:	
City:	State:	Zip Code:	E-Mail:
Company is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ <i>(please describe)</i>			

II. REQUESTED COVERAGE

1. Coverage Requested: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Transportation Pollution Liability	2. Proposed Effective Date: _____ Proposed Retroactive Date: _____ 3. Limits Of Liability/Deductible: Limits Requested: _____ Deductible Requested: _____
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III. TRANSIT INFORMATION

1. What is the radius (in miles) of operations? _____
2. Are driver training and a MVR review policy in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If pollution coverage is desired, please indicate vehicle type and VIN below:

VEHICLE TYPE	VIN

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4. Does the applicant have EPA or State status required to transport and/or store waste materials generated from your work? (If Yes, attach an explanation and complete the table below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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MATERIALS TRANSPORTED	AMOUNT TRANSPORTED AT ANY ONE TIME

5. Provide overall number of vehicles for desired Pollution coverage:			
Private Passenger Vehicles	_____	Tank Trucks	_____
Pickups or Vans	_____	Vacuum Trucks	_____
Light Trucks	_____	Dump Trucks	_____
Medium Trucks	_____	Tractor Trucks	_____
Heavy Trucks	_____		

IV. DISPOSAL PROCEDURES:	<input type="checkbox"/> NOT APPLICABLE
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Indicate procedures the applicant employs in the disposal of hazardous materials/substances:			
Manifested or Disposal Forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drummed/over pack?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bagged in two 6 mil bags and labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation by independent hauler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment (on/off site)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transported by Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. CLAIM INFORMATION (PLEASE EXPLAIN ALL "YES" RESPONSES.)

1. Has any claim, suit or notice of incident been made against the firm or any staff member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide full details on each incident: _____

2. Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against the applicant, the firm, applicant's predecessors in business, any of the present or past partners or officers, or any staff member and/or has any claim, suit, or notice of incident been made against the firm or any staff member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide full details on each incident: _____

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **Insureds** and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **Insurer** of such and shall provide the **Insurer** with information that would complete, update or correct the application or materials submitted therewith. The **Insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

NOTICE TO 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature: _____

Date: _____

Print Name: _____

Title: _____