



TRANSPORTATION SUPPLEMENTAL APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

INSTRUCTIONS: This application is to be used when applying for Transportation Pollution Liability, Hired & Non-Owned Auto or Following-Form Excess Auto coverage. Please complete all applicable sections of this application. Read all questions carefully and provide complete and accurate answers. Failure to provide complete or accurate information may result in delayed consideration of this application or denial of coverage. This application is not an insurance policy and the Company considering coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details to this application on a separate piece of paper. All applicants must sign and date the application where indicated.

NOTICE: For certain policies and coverage parts issued, the limits 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 self-insured retention amount.

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

1. Minimum of three (3) years of currently valued, hard copy Auto loss runs.
2. Complete Schedule of Vehicles;
3. Complete Schedule of Drivers;
4. Current MVR's for all scheduled drivers;
5. Copy of Declarations from Auto Liability policy.

I. APPLICANT INFORMATION			
APPLICANT NAME:			DATE:
ADDRESS:			PHONE:
CITY:	STATE:	ZIP:	EMAIL:
ENTITY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Please Explain)			WEBSITE:
Year Started:		Any DBAs:	
USDOT Number:	MC/MX Number:		

II. REQUESTED COVERAGE			
<input type="checkbox"/> Transportation Pollution Liability		<input type="checkbox"/> Hired & Non-Owned Auto	<input type="checkbox"/> Excess Auto Liability
Requested Effective Date:		Existing Retroactive Date:	
Requested Limits of Insurance:		Requested Deductible:	

III. EXISTING COVERAGE					
COVERAGE	CARRIER	LIMITS	DEDUCTIBLE	EFFECTIVE DATE	PREMIUM
Auto Liability					
Transportation Pollution					
Hired & Non-Owned Auto					
Excess/Umbrella					

IV. OPERATIONS	
Total Revenue for most recent 12-month fiscal period:	
Anticipated Revenue for next 12-month fiscal period:	
Total number of Employees (including officers/partners):	

V. GENERAL MANAGEMENT	
What percentage of the applicant's staff drives a vehicle for, on behalf of, the applicant?	
Does the applicant check MVR's for all staff driving a vehicle for, or on behalf of, the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant have a formal, written Driver Safety & Training program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant have a formal, written Fleet Management & Maintenance program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does any staff member have access to any company vehicle for use before or after normal business hours, or for personal use?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VI. HAULING EXPOSURES					
<i>Please provide a breakdown of the types of materials hauled by the applicant and the associated revenues and subcontracted amounts.</i>					
Material Class:	Revenues:	Subcontracted %:	Material Class:	Revenues:	Subcontracted %:
Liquid Fuels:			Garbage/Refuse:		
Oil, Waste Oil, Heating Oil:			Construction Debris:		
Grease, Waste Grease:			Soil/Gravel/Sand:		
Propane (Liquid or Gas):			Contaminated Soil:		
Explosives:			Water (Fresh or Salt):		
Hazardous Materials:			Drilling Mud:		
Fertilizers/Pesticides:			Construction Equipment:		
Radioactive Materials:			Manure or Urea:		
Laboratory Samples:			Scrap Metal:		
Biohazard Materials:			Packaged Goods (Retail):		
Other (Please Explain):					

VII. FLEET EXPOSURES		
List all states in which you do business or haul goods:		
VEHICLE CLASS	NUMBER OF UNITS:	RADIUS OF OPERATIONS:
Private Passenger Auto		
Pickup Trucks		
Vans		
Box Trucks		
Flat Bed Trucks		
Dump Trucks		
Vacuum Trucks		
Garbage Trucks		
Tanker Trucks		
Semi Tractors		
Semi Box Trailers		
Semi Intermodal Trailers		
Semi Tanker Trailers		
Other:		

VIII. TRANSPORTATION POLLUTION COVERAGE		<i>Not Applicable</i> <input type="checkbox"/>
Does the applicant take control of any RCRA regulated materials?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the applicant responsible for the manifest and disposal of any waste materials?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the applicant have a formal, written Spill Response & Cleanup Plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the applicant require evidence of pollution coverage from any third parties hauling materials or wastes on their behalf?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the applicant been the subject of any environmental fine, penalty, assessment, injunction or cleanup cost in the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If "YES", please provide complete details for each applicable incident (attach additional pages as necessary):</i>		

IX. HIRED & NON-OWNED AUTO COVERAGE		Not Applicable <input type="checkbox"/>
Does the applicant transport clients or anyone other than employees, partners or volunteers?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If "YES", please provide details and reasoning for such transport:</i>		
What is the total number of employees, officers, partners or volunteers that drive on the applicant's behalf?		
Does the applicant reimburse employees or volunteers for non-owned mileage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the applicant require evidence of insurance from anyone using a personal vehicle for company business?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there a formal written policy on the acceptable business use of personal autos?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do employees, partners or officers lease autos on behalf of the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the applicant have Symbol 8 and/or 9 coverage on their Auto policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CLAIM INFORMATION	
Has any auto, transportation or transportation pollution liability claim, suit or notice of incident been made against the applicant, or any employee, staff member or officer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	
Is the applicant aware of any circumstances, conditions or incidents which may result in an auto, transportation or transportation pollution liability claim, suit or notice against the applicant, the applicant's predecessors in business, any of the present or past partners or officers, or any staff member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	

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 criminal and civil penalties.

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 and accurate. 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 and materials submitted therewith. The **insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

Signature:	Date:
Printed Name:	Title: