



ENVIRONMENTAL APPLICATION

TRANSPORTATION POLLUTION LIABILITY

Section I: Applicant Information

NAME OF APPLICANT:			DATE:		
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:	
DOT NUMBER:		WEB ADDRESS:			
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER
Does the applicant have <input type="checkbox"/> Parent Company <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Other related entities, if yes please explain:					
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED (Occurrence/ Aggregate)		Deductible Requested:		
		/			
Current Auto Pollution Carrier			Current/Target Premium:		

Section II – Vehicle Types

Type	Number	Radius in Miles	Cargo
Private Passenger Auto		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Vans (All)		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Pickup Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Stake & Flat Bed Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Garbage Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Dump Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Vacuum Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Tractors (Power Units Only)		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Farm Tractor		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Trailers (Not Attached)		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	

Section III- Cargo Classification

Please Identify Cargo Type	% Bulk	% Packaged	% Drummed	Max Gallons Held
Non Hazardous Material – Solid – Please identify:				
Non Hazardous Material – Liquid – Please identify:				
Hazardous Material – Solid – Please identify:				
Hazardous Material – Liquid – Please identify:				
Hazardous Material – Gas – Please identify:				
Other – Please identify:				

SECTION IV – Diver 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. Do you have a minimum experience requirement for your drivers? Yes No
 If Yes, please describe
- D. Are motor vehicle reports (MVRs) obtained on all drivers prior to hire? Yes No
 How often are MVRs rechecked?
- E. Are driver files current and in compliance with DOT regulations? Yes No
 If no, please explain:
- F. Are driver logs kept and reviewed? Yes No
- G. Describe your regular driving safety program:
- H. 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?
- I. Do drivers receive training for tie-down and weight distribution for flatbed operations? Yes No
- J. Do you lease any vehicles? Yes No
 Are your leased vehicles operated by your own personnel? Yes No
 Do you maintain insurance for leased vehicles? Yes No
 If yes, please include all leased vehicles in the vehicle schedule attached.

Section V: Company Growth History – Please provide the figures for the past 4 years

Year	Revenues	Total Mileage	Owned Units	Auto Premium

Section VI: Hazardous Waste – Hazardous Materials Check Here if this section does not apply N/A

- A. Do all drivers have their CDL with the hazardous materials endorsement? Yes No
 If no, please explain:
- B. Does your company select, own or manage disposal sites for hazardous waste? Yes No
 If yes, please explain:
- C. 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.
- D. Who is authorized to sign hazardous waste manifests?
 Is this part of the employee's job description? Yes No
- E. 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:

SECTION VII - Claims

1. Are you aware of any claims, both closed and opened, that have been made previously against the insured involving a collision, upset, or overturn? Yes No
If yes, please provide additional information below.

2. Are you aware of any claims, both closed and opened, that have been made previously against the insured involving a dispersal of cargo from the vehicle? Yes No
If yes, please provide additional information below.

3. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes No If yes, please explain:

4. 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 driver

	Number of Claims	Total Incurred / Reserved	Please provide explanation of incident
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

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 undersigned authorized officer of the applicant declares that the statements set forth herein are True. The undersigned authorized officer agrees that if the information supplied on the application Changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance

Notice to applicants:

- a) 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.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature _____

Title _____

Date _____