

APPLICANT'S INFORMATION

Applicant Name _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

Applicant's Website _____

Year Business Was Started _____

Organization Type
_____ Corporation
_____ Individual
_____ Partnership
_____ Limited Liability Company
_____ Joint Venture
_____ Other

Contact Name _____ Title _____

COVERAGE REQUESTED

Proposed Effective Date _____

Proposed Expiration Date _____

(At least 12 months, not to exceed 18 months)

Limits of Liability _____ Per Occurrence
_____ Aggregate

HAZARD CLASSIFICATION OF CARGO

Hazard Classification

Percentage of Cargo

LOW:

Such as Foods/Food Additives, Household Appliances, Machinery, Construction Equipment, Dairy Products, Auto Parts, Lumber

MEDIUM:

includes Asbestos, Non-Flammable Liquids, Liquor, Paints, Water-Based Solvents

HIGH:

such as EPA Designation of 'P', Solvents, Radioactive, Chemicals, Flammables, Poisons, Explosives, Oils

CONTAINMENT OF CARGO

Containment Type

Percentage of Cargo

BULK:

Cargo is loaded into or onto the conveyance without any primary containment (tanker trucks, dump trucks, etc.)

CONTAINER:

Cargo has its own primary containment drums, totes, cans, boxes or other similarly sealed units.

MIX:

Different types of 'containerized' materials / cargo shipped by same conveyance at the same time.

DESCRIPTION OF CARGO

Describe cargo in detail:

CURRENT INSURANCE

Current Business Automobile Insurance Carrier _____

Expiration Date _____

Limits of Liability _____

Is an MCS-90 endorsement attached to the policy? Yes _____ No _____

Is pollution liability coverage included? Yes _____ No _____

SPILLS AND LOSSES

During the past five (5) years, has the applicant:

Been the subject of prosecution for a release or threatened release of a hazardous substance, hazardous waste or other pollutant? Yes _____ No _____

If YES, please explain:

Had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants? Yes _____ No _____

If YES, please explain:

Had any spills or pollution losses over \$10,000? Yes _____ No _____

If YES, please explain:

DRIVER INFORMATION

Have any drivers been convicted of DUI, DWI, or reckless driving in the past 3 years? Yes _____ No _____

If YES, please explain: _____

Number of Drivers employed Full Time (35+ Hours/Week): _____

Number of Drivers employed Part Time (< 35 Hours/Week): _____

Number of Owner-Operators Used: _____

Does the driver selection process include:

Written Application Yes _____ No _____

Reference Checks Yes _____ No _____

Written Test Yes _____ No _____

Motor Vehicle Record (MVR) Check Yes _____ No _____

If YES, are MVRs checked each year? Yes _____ No _____

Road Test Yes _____ No _____

Physical Exam Yes _____ No _____

Substance Abuse Test Yes _____ No _____

DRIVER EXPERIENCE/TRAINING

Does the applicant have a minimum experience requirement for drivers? Yes _____ No _____

Are Owner-Operators required to comply with applicant's fleet training and maintenance programs? Yes _____ No _____

Describe Driver Training and Frequency:

FLEET USAGE

Are the vehicles equipped with theft alarms? Yes _____ No _____

Are the vehicles ever left loaded overnight? Yes _____ No _____

Is the average trip over 100 miles? Yes _____ No _____

Annual aggregate fleet mileage for each of the past 5 years:

NUMBER OF POWERED UNITS, INCLUDING OWNER-OPERATORS

Tractors _____

Tank Trucks _____

Vacuum Trucks _____

Flat Bed Trucks _____

Dump Trucks _____

NUMBER OF NON-POWERED UNITS, INCLUDING OWNER-OPERATORS

Tank Trailers (over 3,500 gallons) _____

Tank Trailers (3,500 gallons or less) _____

Flat Bed Trailers _____

Dump Trailers _____

Pickup Trailers _____

Van Trailers _____

Other _____

NUMBER OF PASSENGER VEHICLES

Pickup Trucks/Vans _____

Passenger Autos _____