



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			

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase terrorism coverage for certified acts of terrorism.
- I hereby decline to purchase terrorism coverage for certified acts of terrorism.

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.

I (the Insured) certify that this vehicle schedule accurately reflects all the vehicles licensed for road use, including trailers, owned &/or leased by our Company at the time of binding Transportation Pollution Liability (TPL) coverage. I certify that separate Commercial Auto Insurance coverage is inforce at the time of binding TPL coverage for the vehicles listed above, and that coverage will remain in force during the term of the TPL policy. I understand that vehicle changes of 5 or more units during the term of the policy must be reported to the Company, at which point I may be charged an additional premium for all vehicle additions, pro-rata, based on the dates the vehicles were added.

It is agreed that:

1.The following definition is added to all coverage parts:

Application means the EEUM application or proposal that was signed and dated on behalf of the Named Insured or Insureds as of date indicated below.

2.The following Condition is added to the Common Policy Conditions SSI-EE-COM-02 (03-16) and applicable to all coverage parts:

It is further agreed that all Insureds declare that the statements set forth in the Application are their statements and that thorough efforts have been made to obtain sufficient information from all Insureds in order to facilitate proper and accurate completion of the Application. All Insureds represent that the statements and representations contained in the Application are true and accurate and shall be deemed material to the acceptance of the risk and the Policy was issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by all Insureds the Application has been completed as respects all Insureds and that if any significant change in the condition of any Insured was discovered, between the date the Application was signed and the effective date of the Policy which would render the information in the Application inaccurate or incomplete, any such information was immediately reported in writing to the Insurer. All Insureds agree the Application shall be maintained on file with the Insurer and shall be deemed to be attached to the Policy as if physically attached.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

(Signature)

(Title)

(Date)