**SUPPLEMENTAL APPLICATION: TRANSPORTATION OF CARGO - POLLUTION ENDORSEMENT**

**GENERAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant | | | Effective Date: | Quote By: |
| Location Address: | | | | |
| Inspection Contact | Years in business | Business is: 🞏 Corp 🞏 LLC  🞏 Sole Proprietor 🞏 Partnership | | |

**UNDERWRITING INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Materials Classification | | % OF LOADS | | AVERAGE RADIUS | TRAILER TYPE |
| 1. | Flammable Liquid |  | |  |  |
| 2. | Pyroforic Liquid |  | |  |  |
| 3. | Flammable Solid |  | |  |  |
| 4. | Oxidizer |  | |  |  |
| 5. | Spontaneously Combustible Solid |  | |  |  |
| 6. | Water Reactive Solid |  | |  |  |
| 7. | Compressed Gas |  | |  |  |
| 8. | Non-Liquefied Compressed Gas |  | |  |  |
| 9. | Liquefied Compressed Gas |  | |  |  |
| 10. | Compressed Gas in Solution |  | |  |  |
| 11. | Flammable Gas |  | |  |  |
| 12. | Non-Flammable Gas |  | |  |  |
| 13. | Poisons A |  | |  |  |
| 14. | Poisons B |  | |  |  |
| 15. | Irritating Material |  | |  |  |
| 16. | Etiologic Agent |  | |  |  |
| 17. | Radioactive Material |  | |  |  |
| 18. | Other (describe) |  | |  |  |
| 19. |  |  | |  |  |
| 20. |  |  | |  |  |
| 21. |  |  | |  |  |
| 22. |  |  | |  |  |
| AVERAGE RADIUS: 0 - 50 miles = Local 51-200 miles = Intermediate > 200 miles = Long Haul | | | | | |
| TRAILER TYPE  F = Flatbed Trailer H = Hopper Trailer  T = Tanker Trailer V = Van Trailer | | | CONTAINER TYPE  B = Bulk D = Drummed C = Cylinder O = Other (must explain) | | |

1. Does applicant have a full-time safety director? 🞏 Yes 🞏 No
2. Safety meetings are held how often?
3. Is there an accident review board? 🞏 Yes 🞏 No If No, who reviews accidents?
4. Does applicant have a driver’s handbook? 🞏 Yes 🞏 No
5. Does applicant have a written safety program? 🞏 Yes 🞏 No
6. Does applicant have a written vehicle maintenance program? 🞏 Yes 🞏 No
7. Is M.V.R. reviewed prior to driver hire or lease? 🞏 Yes 🞏 No If Yes, explain Procedure:

1. How often are M.V.R.’s reviewed after driver hire or lease?
2. Who reviews M.V.R.’s?
3. Minimum age of driver prior to hire or lease?
4. Minimum truck driving experience required prior to hire or lease?
5. What M.V.R. violations disqualify a driver prospect?
6. What M.V.R. violation will cause dismissal?

**LOSS HISTORY INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AUTO LIABILITY | | POLICY | INSURANCE | NO. OF | BODILY INJURY | | PROPERTY DAMAGE | |
| FROM | TO | NUMBER | CARRIER | ACC. | PAID | RESERVE | PAID | RESERVE |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Have you ever had insurance for this type canceled, declined or renewal refused? 🞏 Yes 🞏 No

Limit of Liability Requested: $ each occurrence: $ aggregate: $

PLEASE INCLUDE ATTACHMENTS A - E WITH YOUR SUBMISSION

|  |  |
| --- | --- |
| A. \_\_\_\_\_ Current driver inf. including years of experience. See driver supplement. | B. \_\_\_\_\_ MVR’s for all drivers. |
| B. \_\_\_\_\_ Details on all losses in excess of 50,000 | D. \_\_\_\_\_ Complete vehicle schedule including radius of operation. See equipment supplement. |
| E. \_\_\_\_\_ Attach a copy of applicant’s spill contingency plan. |  |

I certify that all application information is true and agree that any misrepresentation by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken.

Applicant’s Signature / Title Date

Producer Name, City, State and Phone

**EQUIPMENT INFORMATION SUPPLEMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # | YEAR | MAKE | TYPE | GVW | VEHICLE ID. NUMBER | MAX.  RADIUS | GaragE Location |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

**DRIVER INFORMATION SUPPLEMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| #. | NAME | DATE EMPLOYED | DATE OF  BIRTH | STATE | LICENSE NO. | YEARS EXP. | MVR VIOLATIONS  LAST 36 MONTHS |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |