



Transit Pollution Liability Supplement

1. CARGOS TRANSPORTED

Check all that apply

1)	<input type="checkbox"/> Asbestos Containing Material	14)	<input type="checkbox"/> Insecticides – Liquids
2)	<input type="checkbox"/> Contaminated Soil	15)	<input type="checkbox"/> Insecticides – Solid
3)	<input type="checkbox"/> Construction Debris	16)	<input type="checkbox"/> Lab Chemicals
4)	<input type="checkbox"/> Construction Materials	17)	<input type="checkbox"/> Lab Packs – Medical Waste
5)	<input type="checkbox"/> Demolition Debris	18)	<input type="checkbox"/> Lead Containing Materials
6)	<input type="checkbox"/> Explosives ABC	19)	<input type="checkbox"/> Manure
7)	<input type="checkbox"/> Fertilizer – Bulk	20)	<input type="checkbox"/> Paint, Paint Thinners
8)	<input type="checkbox"/> Fertilizer – Liquid	21)	<input type="checkbox"/> Petroleum Products - Packaged
9)	<input type="checkbox"/> Gasoline, Diesel Fuel	22)	<input type="checkbox"/> Radioactive Mat
10)	<input type="checkbox"/> Grease	23)	<input type="checkbox"/> Recycled Materials – Non Hazardous Materials
11)	<input type="checkbox"/> Hazardous Chemical	24)	<input type="checkbox"/> Recycled Materials – Hazardous Materials
12)	<input type="checkbox"/> Herbicides – Liquid	25)	<input type="checkbox"/> Welding Supplied
13)	<input type="checkbox"/> Herbicides – Solid	26)	<input type="checkbox"/> Other

If other, please describe (attach separate sheet of paper if necessary)

2) Are motor vehicle reports (MVRs) obtained on all drivers prior to hire? Yes No
 Provide MVRs _____

3) Do you haul or transport materials for others? Yes No

4) LOSS EXPERIENCE: Please provide totals as requested below for each of the last five years.
 • **Insurance company loss runs must be provided. Please provide explanation and copies of accident and police reports on all losses in excess of \$10,000.**

5) VEHICLE SCHEDULE

	Number	Radius of Operations	Cargo Transported	Tank Capacity
Private Passenger Autos				
Pickup Trucks				
Vans (All)				
Stake/Flat Bed Trucks				
Dump Trucks				
Vacuum Trucks				
Tractors				
Trailers				

Form Completed By: _____ Date: _____

Please attach fully completed Accords Auto Application to this supplement. Please do not send this supplement without the Accords. Thank you.