



Hazardous Materials Haulers, Auto Liability, Physical Damage and Pollution Liability

GENERAL INFORMATION

Applicant: _____ **Effective Date:** _____ **Quoted By:** _____

Mailing Address: _____

Location Address: _____

Location Address: _____

Location Address: _____

Inspection Contact: _____ **Audit Contact:** _____ **Years In Business:** _____

Business is a: C Corp. S Corp. Sole Owner

UNDERWRITING INFORMATION

Radius of round trips (by percentage)

>500 Miles: _____ 201-500 Miles: _____ 51-200 Miles: _____ 0-50 Miles: _____

Authority: Common Contract Brokerage Exempt Private

States & Cities Entered: _____

List Hazardous Commodities (by percentage)

List Commodities Hauled (by percentage)

Does applicant use trip leasers? Yes No If "Yes", % of retained revenue per trip: _____

COVERAGE AND LIMITS REQUESTED

Liability Limits

Combined Single Limit: \$ _____

Split Limits:

Bodily Injury: \$ _____ each person \$ _____ each accident

Property Damage: \$ _____ each accident

Liability Deductible: \$ _____



Environmental Insurance Agency, Inc.

Hazardous Materials Haulers, Auto Liability, Physical Damage and Pollution Liability

Do you desire Uninsured / Underinsured Motorists Coverage?

- No. I (We) hereby reject Uninsured / Underinsured Motorists Coverage in its entirety.
- No. I (We) hereby reject Uninsured / Underinsured Motorists Coverage as respects Property Damage Liability in its entirety.
- Yes. If coverage is accepted by a Named Insured, the limits provided are limited to the financial responsibility limits unless higher limits are requested below.

I (We) request limits of:

- \$ _____ Bodily Injury Each Person
- \$ _____ Bodily Injury Each Accident
- \$ _____ Property Damage Each Accident
- \$ _____ Combined Single Limit

Do you desire Personal Injury Protection Insurance?

- Yes. Limit Requested: _____
- No.

Do you desire medical payments?

- Yes. Limit Requested: _____
- No.

PHYSICAL DAMAGE

Deductible: Comp: \$ _____ Collision: \$ _____

Describe security and protection, i.e., fenced and/or lighted lot, stored in building, security guard, etc.

NUMBER & TYPE OF EQUIPMENT

Type	# Owned	# Leased	# Owner Operators	Total
Tractors				
Trucks > 20,000 GVW				
Trucks < 20,000 GVW				
Service Units				
Private Passenger				
Van Trailers				
Refrigerated Trailers				
Flat Bed Trailers				
Tank Trailers				



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EQUIPMENT INFORMATION

#	Year	Make	Type	GVW	VIN#	Max Radius	Garaging Location	Cost New	Zones Near/Far
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Does applicant own/lease any other power units? Yes No If yes, please give details:

LOSS PAYEE INFORMATION

	NAME	ADDRESS	CITY	STATE	ZIPCODE
1					
2					
3					
4					
5					

Do you hire any equipment? Yes No If yes, what is the estimated annual cost of hire? \$ _____
If yes, complete the Hired & Non-Owned Supplemental Coverage Application

Do you loan or rent any of your equipment to others? Yes No If yes, please explain: _____

Do you interchange equipment with other carriers? Yes No If yes, please give details: _____

Is any specialized equipment attached to any unit? Yes No If yes, please describe: _____

Non-Owned Autos: Number of Employees: _____ Partners: _____ Volunteers: _____



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SUPPLEMENTAL DRIVERS INFORMATION SHEET

DRIVERS INFORMATION

#	Employee or Owner Operation	Name	Date Employed	DOB	State	License Number	Years Experience	MVR Violations	Unit Driven
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									



Environmental Insurance Agency, Inc.

Supplemental Drivers Information Sheet

Applicant Name: _____

List hazardous materials hauled below filling in each block for each applicable commodity. Use the classifications listed at the bottom of the table for radius, container type and trailer type.

HAZARDOUS MATERIALS CLASSIFICATION		% OF LOADS	AVERAGE RADIUS	CONTAINER TYPE	TRAILER TYPE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

NON HAZARDOUS MATERIALS HAULED		% OF LOADS	AVERAGE RADIUS	TRAILER TYPE
26				
27				
28				
29				
30				
31				
32				
33				
34				

Average Radius: 0-50 Miles = **LOCAL** 51-20 Miles = **INTERMEDIATE** > 200 Miles = **LONG HAUL**

Trailer Types: **F** = Flatbed **H** = Hopper **T** = Tank Trailer **V** = Van Trailer

Container Types: **B** = Bulk **D** = Drummed **C** = Cylinder **O** = Other (please explain)



Environmental Insurance Agency, Inc.

Supplemental Drivers Information Sheet

SAFETY QUESTIONS 1-24 MUST BE ANSWERED ACCURATELY

1. If Applicant has full-time safety director, name: _____
2. If no full-time safety director, name and title of person in charge of safety: _____
3. Do the above have the absolute power to hire and fire drivers? _____
4. How often are safety meetings held? _____
5. What is applicant's policy regarding driver attendance in safety meetings? _____

6. Is there a driver awards/bonus plan? Yes No If yes, describe: _____

7. Is there an accident review board? Yes No If no, who reviews accidents? _____
8. Does applicant permit any non-employee passengers? Yes No If yes, explain: _____
9. Does applicant have a driver's handbook? Yes No If yes, please attach a copy (attachment G)
10. Does applicant have a written safety program? Yes No If yes, please attach a copy (attachment H)
11. Does applicant have a written vehicle maintenance program? Yes No If yes, please attach a copy (attachment I)
12. On what regularity are vehicles serviced? _____
13. Maintenance program applies to (yes, no or N/A): Owned Equipment: _____ Leased Equipment: _____ O/OP: _____
14. Are maintenance records filed and retained on site? Yes No If no, explain: _____
15. Is MVR. reviewed prior to driver hire or lease? Yes No If yes, explain procedure: _____

16. How often are MVR's reviewed after driver hire or lease? _____
17. Who reviews MVR's? _____
18. Minimum age of driver prior to hire or lease? _____
19. Minimum driving experience required prior to hire or lease? _____
20. What MVR violations disqualify a driver prospect? _____
21. What MVR violations will cause dismissal? _____
22. Current DOT safety rating and rating date: _____
23. Have you ever had authority lost or withdrawn? (ICC/PUC) Yes No If yes, please describe: _____

24. Have you been/now on probation by a regulatory? (ICC/PUC) Yes No If yes, please describe: _____



Environmental Insurance Agency, Inc.

Supplemental Drivers Information Sheet

SUPPLEMENTAL QUESTIONS MUST BE ANSWERED ACCURATELY.

1. List all currently used Treatment, Storage, & Disposal facilities including permit numbers/locations: _____

2. Does applicant select disposal site for hazardous materials? _____

3. How and where are company vehicles decontaminated? _____

4. Who authorizes hazardous materials manifests and is this a full-time position? _____

5. Does applicant haul: Chemicals Dry Cleaning (PERC) Liquid Fertilizer Petroleum Compressed Gas

6. If yes, does applicant have some kind of fundamental carrier security guideline in place? _____

FILING INFORMATION

Please check all states that you currently need a filing in:

Alabama	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
California	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Texas	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	Maine	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
D.C.	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Washington	<input type="checkbox"/>
Florida	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	ICC	<input type="checkbox"/>

ICC Docket # _____

CAL-T # _____

MCS-90 Needed Yes No

Name as it appears on filings:

Do you hold broker authority? _____

Any oversized/overweight, hazardous permits or other specialized filings required? Yes No If yes, explain:



Environmental Insurance Agency, Inc.

Supplemental Drivers Information Sheet

LOSS INFORMATION

Loss information, including loss adjustment expense. Losses by policy term for the current term plus 36 months minimum (Prior 48 months preferred.) Attach copies of the company loss runs.

AUTO LIABILITY		POLICY NUMBER	INSURANCE CARRIER	NO. OF ACCIDENTS	BODILY INJURY		PROPERTY DAMAGE	
FROM	TO				PAID	OUTSTANDING	PAID	OUTSTANDING
PHYSICAL DAMAGE		POLICY NUMBER	INSURANCE CARRIER	NO. OF ACCIDENTS	COLLISION		OTHER THAN COLLISION	
FROM	TO				PAID	OUTSTANDING	PAID	OUTSTANDING

Have you ever had insurance for this type of operation canceled, declined or renewal refused? Yes No If yes, explain:

GROSS REVENUE/GROSS MILEAGE

Gross revenue and mileage by policy year as reported to insurance company for the current policy term plus minimum requirement of prior requirement or prior 36 months (Prior 48 months preferred.) List revenue estimate, mileage and average number of units estimate for prospective policy year.

FROM	TO	EXACT REVENUE (not rounded)	EXACT MILEAGE (not rounded)	AVERAGE No. POWER UNITS
Next 12 Mo.:		Est. Rev.:	Est. Miles:	Est. Units:



Environmental Insurance Agency, Inc.

Supplemental Drivers Information Sheet

ATTACHMENTS A – J LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION

- A. _____ **Verified loss runs valued within 90 days of proposed quote date for current year + 48 months minimum**
- B. _____ **Details on all losses in excess of \$25,000**
- C. _____ **Most current financial statements + prior fiscal year**
- D. _____ **Complete vehicle schedule including radius of operation**
- E. _____ **Fuel tax records for most current year**
- F. _____ **Current driver information including years of experience**
- G. _____ **Drivers handbook**
- H. _____ **Written safety program**
- I. _____ **Written maintenance program**
- J. _____ **Trip lease agreement**
- K. _____ **Other _____**

I authorize Environmental Insurance Agency, Inc. and/or the producing agent to obtain proper copy(ies) of my Motor Vehicle Report for insurance underwriting purposes. As with any additional drivers listed and/or any drivers who will operate equipment covered under any prospective insurance policy for which this application relates have or will have authorized me to consent to the same. 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. I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my business organization may be inspected by the insurance company.

Producer Name, City, State and Phone: _____

Producer Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____