

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

GENERAL INFORMATION

Applicant		Effective Date:	Quote By:
Location Address:			
Inspection Contact	Years in business	Business is: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> 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)	

- Does applicant have a full-time safety director? Yes No
- Safety meetings are held how often? _____
- Is there an accident review board? Yes No If No, who reviews accidents? _____
- 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: _____

8. How often are M.V.R.'s reviewed after driver hire or lease? _____
9. Who reviews M.V.R.'s? _____
10. Minimum age of driver prior to hire or lease? _____
11. Minimum truck driving experience required prior to hire or lease? _____
12. What M.V.R. violations disqualify a driver prospect? _____
13. What M.V.R. violation will cause dismissal? _____

LOSS HISTORY INFORMATION

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