

Motor Vehicle Pollution Liability Application

IMPORTANT NOTICE: All questions in this application must be answered. If your answer is "none", "not applicable", or "do not know", please state that. This application must be completed and signed by a corporate officer, partner or owner of the insured, with responsibility for hazardous waste/materials transportation.

INSURED:

Name: _____

Address: _____

Phone: _____ FAX: _____

Inspection Contact _____

Describe business operations owned and/or controlled by the applicant: _____

Does the applicant have any subsidiary or sister companies or is it owned or controlled by another company? Yes No

If yes, please describe including any interchange of employees or equipment _____

LIMITS REQUESTED \$ _____ Per Motor Vehicle Pollution Incident Limit
\$ _____ Aggregate Limit

DEDUCTIBLE REQUESTED \$ _____ Per Motor Vehicle Pollution Incident

- 1) When was the applicant established? _____
- 2) Is the applicant: Corporation Partnership Joint Venture Individual Other: _____
- 3) During the past five years has the name of the applicant been changed or has any other business been purchased or any merger or consolidation taken place?
 Yes No
If yes, please give full details: _____
- 4) Do you ever haul 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: _____
- 5) Total personnel involved in transportation:
 - a) Number of administrative/clerical _____
 - b) Number of maintenance personnel _____
 - c) Number of supervisors/foremen _____
 - d) Number of full time drivers _____
 - e) Number of part time drivers _____
 - f) Number of owner/operators _____
 - g) Other (specify) _____

TOTAL EMPLOYEES: _____

Do all drivers have their CDL with the hazardous materials endorsement? Yes
 No

If no, please explain: _____