



TRANSPORTATION POLLUTION LIABILITY APPLICATION

GENERAL INFORMATION

Applicant					Effective Date:	Quoted By:
Mail Address	Street/P.O. Box	City	County	State	Zip Code	
Location Address Garaging	Street	City	County	State	Zip Code	Phone
1)						
2)						
Inspection Contact			FEIN#		Business is: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Sole Owner YEAR STARTED BUSINESS:	

UNDERWRITING INFORMATION

Radius by % of Round Trips: >500 M _____ 201 - 500 M _____ 51 - 200 M _____ 0 - 50 M _____			Authority: <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Brokerage <input type="checkbox"/> Exempt <input type="checkbox"/> Private
State and Cities Entered: Description of Operations:			
List Hazardous Commodities by %			
List Commodities Hauled by %		Does Applicant use trip leasers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, % of retained revenue per trip:	

COVERAGE REQUESTED

<ol style="list-style-type: none"> 1. Limits Per Motor Vehicle Pollution Incident \$ 2. Aggregate Limit : \$ 3. Deductible Per Motor Vehicle Incident \$



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NUMBER & TYPE OF EQUIPMENT

TYPE	# OWNED	# LEASED	# OWNER OPERATORS	TOTAL
Tractors				
Trucks > 20,000 lbs. GVW				
Trucks < 20,000 lbs. GVW				
Service Units				
Private Passenger				
Van Trailers				
Refrigerated Trailers				
Flat Bed Trailers				
Tank Trailers				

EQUIPMENT INFORMATION

#	YEAR	MAKE	TYPE	GVW	VEHICLE IDENTIFICATION NUMBER	MAXIMUM RADIUS	GARAGING LOCATION	COST NEW
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

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



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DRIVERS INFORMATION SHEET (also attach current MVRS)

DRIVER INFORMATION

#.	EMPLOYEE OR OWNER OPERATOR	NAME	DATE EMPLOYED	DATE OF BIRTH	STATE	LICENSE NUMBER	* YEARS OF EXP	UNIT DRIVEN
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

* Indicate years Driving Experience for like type Units & Commodities.

Do you hire any equipment? Yes No. If Yes, what is the estimated annual cost of hire? \$

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 explain.

Is any specialized equipment attached to any unit? Yes No. If Yes, please explain.



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Historical Data: 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 estimate and average number of units estimate for prospective policy year.

YEAR	EXACT REVENUE (not rounded)	EXACT MILEAGE (not rounded)	AVERAGE # OF POWER UNITS	# OF OWNER/ OPERATORS
NEXT TWELVE MONTHS	Est. Rev.:	Est. Miles:	Est. Units:	Target:

HAZARDOUS MATERIALS QUESTIONS

HAZARDOUS MATERIALS CLASSIFICATION	% OF LOADS	AVERAGE RADIUS	CONTAINER TYPE	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				



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HAZARDOUS MATERIALS CLASSIFICATION		% OF LOADS	AVERAGE RADIUS	CONTAINER TYPE	TRAILER TYPE
15.	Irritating Material				
16.	Etiologic Agent (microorganisms and microbial toxins, viruses, etc)				
17.	Radioactive Material				
18.	ORM -- Other Related Materials - describe				
19.	ORM A				
20.	ORM B				
21.	ORM C				
22.	ORM D				
23.	ORM E				
24.	Consumer Commodity				
25.	Other (describe)				
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 51-200 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)		



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HAZARDOUS MATERIAL QUESTIONS (continued)

Safety Questions 1-17 Must Be Answered Accurately

1. Does the applicant have a formal written driver training program? Yes No If yes, please provide a copy.
2. Does the applicant perform driver training seminars on-site? Yes No If "no", is training provided by 3rd parties off-site?
3. Safety meetings are held how often?
4. What is applicant's policy regarding driver attendance in safety meetings?
5. Is there an accident review board? Yes No If No, who reviews accidents?
6. Does applicant have a driver's handbook? Yes No
7. Does applicant have a written safety program? Yes No
8. Does applicant have a written vehicle maintenance program? Yes No
9. On what regularity are vehicles Serviced?
10. Is M.V.R. reviewed prior to driver hire or lease? Yes No If Yes, how often are MVR's rechecked?
11. How often are M.V.R.'s reviewed after driver hire or lease?
12. Who reviews M.V.R.'s?
13. Minimum age of driver prior to hire?
14. Minimum truck driving experience required prior to hire?
15. What M.V.R. violations disqualify a driver prospect?
16. What M.V.R. violation will cause dismissal?
17. Are driver files current and in compliance with D.O.T regulations? Yes No If "no", please explain:
18. Do you ever haul hazardous waste/materials? Yes No
 - Does applicant select, own, or manage disposal site(s) for hazardous materials? Yes No
 - If yes, do all your contracts for hauling materials that will be disposed state that the generator of such materials, and not the applicant, is responsible for selecting the disposal site/facility? Yes No
 - If no, please explain:
19. List all currently used Treatment, Storage & Disposal facilities currently used.
20. How and where are company vehicles decontaminated?
21. Who authorizes Hazardous Materials manifests and is this a full-time position?
22. Have there been any hazardous material transportation incidents in the last five (5) years? Yes No



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- If yes, please list and describe them?
23. Does the applicant provide any temporary storage services for hazardous materials or other waste? Yes No
- If yes, what is the maximum amount of time you will hold materials prior to disposal?
 - What are the maximum quantities you will store?
24. Does applicant ever take responsibility for loading or unloading hazardous materials, waste, or petroleum substances? Yes No
- If yes, please explain:
25. Do all drivers have their CDL's with hazardous materials endorsements? Yes No
- If no, please explain:
26. Does applicant haul: Chemicals Dry Cleaning (PERC) Liquid Fertilizer Petroleum Compressed Gases

Loss Information

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

AUTO LIABILITY		INSURANCE CARRIER	PREMIUM	INCURRED LOSSES	
FROM	CARRIER			PAID	OUTSTANDING
AUTO POLLUTION LIABILITY**		INSURANCE CARRIER	PREMIUM	INCURRED LOSSES	
FROM	CARRIER			PAID	OUTSTANDING

** If Applicable

Have you ever had insurance for this type of operation **canceled, declined or renewal refused.** Yes No If Yes, explain fully.

ATTACHMENTS LISTED BELOW **MUST** BE INCLUDED TO RECEIVE A QUOTE

- A. **Verified loss runs valued within 90 days of proposed quote date for current year + 48 mos. minimum**
- B. **Details on all losses in excess of 50,000**
- C. **Most current financial statements + prior fiscal year**
- D. **Complete vehicle schedule including operation radius**

- E. **Current MVRS**
- F. **\$ Expiring Premium**

Required within 30 days of binding.

Driver's Handbook, Written safety and maintenance programs, Spill prevention/response plans.



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For the purposes of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy.

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

NOTICE TO ARKANSAS, MARYLAND, NEW MEXICO, RHODE ISLAND & WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowingly that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



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NOTICE TO OKLAHOMA APPLICANTS: WARNING: any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violations.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

I authorize Alta Risk, LLC. 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 statement 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:

Insured Signature:

Date: