



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

PORTABLE TOILET, SEPTIC SYSTEM, VACUUM TRUCK, & TREATMENT FACILITY SUPPLEMENTAL APPLICATION

**COMPLETE IN ADDITION TO ACORD APPLICATIONS. ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS AND SIGN APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR COVERAGE.**

If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	
Agency/Agent:	
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Number:	
Effective Date:	
Website:	

2) Current Carrier Information:

Coverage	Carrier	Limit of Insurance	Deductible	Premium	Retroactive Date
General Liability					
Contractors Pollution Liability					
Pollution Legal Liability					
Non-Owned Disposal Sites					
Transportation Pollution					
Professional Liability (E&O)					
Mold Liability					

Please attach copies of the following:

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Applicant's product brochures or catalog if a website is not available*

- 3) Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
- 4) Your premise address (if different from above): _____
 City: _____ State: _____ Zip Code: _____
- 5) Requested Coverages:
 Contractor's Pollution Liability General Liability
 Mold Liability Transportation Pollution Liability
 Pollution Legal Liability from a Covered Location Professional Services Liability
 Non-Owned Disposal Site Coverage
- 6) Audit/Inspection contact: _____
 a. Phone number: _____
 b. Email: _____
- 7) Limits Requested: \$500,000/\$500,000 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000 Other: _____
- 8) Deductible Requested: \$1,000 \$2,500 \$5,000
 \$10,000 \$25,000 Other: \$ _____
- 9) History and Projections:

	Estimated Upcoming Year	Current Year	Prior Year
Gross Annual Receipts			
Employee Payroll			
Cost of Subcontracted Work			
Number of Employees			

SUBCONTRACTING INFORMATION

- 10) Are subcontractors used? **If no, skip to the next section.** Yes No
- 11) Are all subcontractors licensed? Yes No
- 12) Please list subcontracted services and applicable cost: _____

- 13) Is a standard written contract used with clients and subcontractors using a limitation of liability clause and hold harmless clause? (Please provide a copy.) Yes No
- 14) Are subcontractors required to have pollution liability insurance? Yes No
 If required by trade only, please identify trades: _____

- 15) Does your firm collect certificates of insurance from all subcontractors? Yes No
 How long do you retain those certificates? _____
- 16) Are you named as an additional insured on all subcontractors' policies? Yes No

- 17) How often and under what circumstances will you use uninsured subcontractors? _____
- 18) What general liability limits do you require your subcontractors to carry? _____
- 19) Does your contract require that your subcontractors have a Waiver of Subrogation endorsement in your favor on their General Liability and Worker's Compensation policies? Yes No

SERVICES

- 20) Does your firm have written health and safety procedures? Yes No
If yes, please provide a copy of the table of contents.
- 21) Is your firm a member of the Portable Toilet Association International (PSAI)? Yes No
- 22) What percentage of your business is:
Residential: _____% Commercial: _____% Other: _____%
- 23) Please describe any operations or services that have been discontinued, sold, or abandoned, or any operations that have been acquired. _____

- 24) Is the applicant providing any new services not provided last year? Yes No
If yes, please provide details. _____

- 25) Transportation/Disposal of Material:
- | | |
|--|--|
| <input type="checkbox"/> Transported by applicant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Transportation by independent hauler? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Disposal to Sanitary Sewer? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Disposal to Incinerator? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Applied to Land? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Wastes liquid or solid? | <input type="checkbox"/> Liquid <input type="checkbox"/> Solid |
| <input type="checkbox"/> Treatment on site or off site? | <input type="checkbox"/> On site <input type="checkbox"/> Off site |
- 26) Please provide expected revenue for all applicable services you perform:

	Expected Revenue		Expected Revenue
Tank Pumping		Portable Toilet Rental	
Septic System Inspections		Vacuum Truck	
Septic System Service/Maintenance		Tank/Drain Field Installation/Excavation	
Clean Grease Traps		Land Application of Material	
Excavation		Plumbing	
Other: _____		Other: _____	

PORTABLE TOILET SERVICES

- 27) Do you rent portable toilets? **If no, skip to the next section.** Yes No
- 28) How many toilets do you own?
Standard: _____ Handicapped/ADA: _____ Special Amenity: _____
- 29) How are the portable toilets secured during transit? _____

- 30) Are your employees trained on proper toilet placement and stabilization at the designated locations? Yes No

TREATMENT FACILITY

- 31) Does the applicant own, operate, or lease a treatment, storage, or disposal facility? Yes No
If yes, provide the facility specifics below. **If no, skip to the next section.**

Facility Address	Brief Description of Operations	Historical Operations

- 32) Are the locations listed above required to be permitted and/or licensed? Yes No
a. If yes, please provide the permit numbers: _____

- 33) Are all of the locations listed above currently in compliance with federal, state, and local regulations? If not, please describe. Yes No

- 34) Have any of these locations received a violation? Yes No
a. If yes, please provide details. _____

- 35) Have you ever had a claim or complaint for noxious odors? Yes No
a. If yes, please describe. _____

- 36) Do you sell the processed material as fertilizer? Yes No
a. If yes, who applies the material? _____

CLAIMS HISTORY

- 37) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No
- 38) Has any lawsuit ever been filed, or any claim otherwise been made against you or or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability **If yes, please attach a description of details.** Yes No
- 39) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a claim or suit? **If yes, please attach a description of details.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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 any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 denial of insurance benefits.

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

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or 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 and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 VIRGINIA 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____