



T: 866.395.1308 F: 801.763.1374

MONOLINE TRANSPORTATION POLLUTION LIABILITY

APPLICATION REQUIREMENTS

- 1. TPL application attached
- 2. Vehicle schedule
- 3. For all vehicles that haul any type of fuel as cargo we will need to know the size of the tank in gallons and the type of fuel hauled. (This does NOT apply to fuel tanks used for the vehicle itself only for fuel carried as cargo). NOTE: we will consider contractors vehicles that haul fuel to a job site but do not write bulk fuel haulers.
- 4. Copies of Material Safety Data Sheets (MSDS's) on hazardous materials hauled.
- 5. Automobile loss runs
- MVR's on all drivers.



Transportation 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.

Nan	ne:				
Add	lress:				
<u>Pho</u>	ne:	FAX:			
Insp	pection Contact				
Des	cribe business operations owned and/or controlled b	y the applicant: _			
	es the applicant have any subsidiary or sister compan Yes No es, please describe including any interchange of emp			•	
LIM	MITS REQUESTED \$ Per Agg	Motor Vehicle F gregate Limit	Pollution Inci	dent Limit	
DEI	DUCTIBE REQUESTED \$Per		Pollution Inci	dent	
1)	When was the applicant established?				
2)	Is the applicant: \Box Corporation \Box Partnership \Box	☐ Joint Venture ☐ Individual ☐ Other:			
3)	During the past five years has the name of the a purchased or any merger or consolidation taken plants yes, please give full details:				
4)	Schedule of Vehicles (Show total number of units for Private Passenger Autos Vans (All) Dump Trucks Tank Trucks (3,000 Gallons or Less) Tractors Tank Trailers (3,000 Gallons or Less) Box Trailers	each of the following) Pickup Trucks Stake and Flat Bed Trucks Tank Trucks (500 Gallons or Less) Tank Trucks (over 3,000 Gallons) Vacuum Trucks Tank Trailers (over 3,000 Gallons) Flat Bed Trailers			
5)	Cargo Hazard Classification Non Hazardous Material – Solid – List	Percentage of Cargo		Percentage (%) Drummed	Bulk
	Non Hazardous Material – Liquid – List				
	Hazardous Material/Waste – Solid – List				
	Hazardous Material/Waste – Liquid – List				
	Hazardous Material/Waste – Gas – List	-			
	Other – List				

6)		Do you ever haul hazardous Materials? Do you ever haul hazardous waste / materials? 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:				
	b.	Do all drivers have their CDL with the hazardous materials endorsement? Yes No If no, please explain:				
	c.	Does your company select, own or manage disposal sites for hazardous waste? Yes No If yes, please explain:				
	d.	Who is authorized to sign hazardous waste manifests? Is this part of the employee's job description? □ Yes □ No				
	e.	Does your company comply with DOT rules with regard to placarding and labeling to properly Identify hazardous waste? \Box Yes \Box No If no, please attach an explanation.				
	f.	List and describe all hazardous materials transportation incidents during the last five (5) years (if none so state):				
7)		ASTE HANDLING: Do you provide 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 is the maximum quantities you will hold?				
	b.	Are there any restrictions on the material you will hold while waiting for disposal? arrangements? \Box Yes \Box No				
	c.	Do you ever take responsibility for loading or unloading hazardous materials or waste or petroleum substances? \Box Yes \Box No If yes, please explain:				
8)	a.	Are all vehicles and equipment operated in a "hot" area decontaminated prior to leaving the site? ☐ Yes ☐ No If no, please explain:				
	b.	Describe your equipment and vehicle decontamination procedures (attach a separate sheet in necessary:				
	c.	List locations where company vehicles are decontaminated:				

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9)	DRIVER INFORMATION						
	a. Number of Drivers applicant employees:						
	Full Time (35+ hours a week):						
	Part Time (<35 hours a week): b. Number of Owner-Operators currently contracted						
	b. Number of Owner-Operators currently contracted						
	Exclusive to your company:	Exclusive to your company: c. Are their any Drivers under contract or employment with DUI, DWI or Reckless Driving Convictions's					
	c. Are their any Drivers under contract or employment with DUI, DWI	c. Are their any Drivers under contract or employment with DUI, DWI or Reckless Driving Convictions'					
	within the last 3 years? \Box Yes \Box No						
	d. Do you have a minimum experience requirement for your drivers?	□ Vas □ Na					
	If Yes, Please describe	□ Yes □ No					
10)	Provide the following information on your driver training and orientation	programs. If you have a written					
	manual please submit a copy (check all that apply):	0.1					
	we have no training program training provided by	we have no training program training provided by 3rd parties off premises on the job training					
	other: For those trained on the job how long do they have to train prior to being	allowed to drive alone?					
	- Tor those trained on the job now long do they have to train prior to being	anowed to drive alone:					
11)	Are motor vehicle reports (MVRs) obtained on all drivers prior to hire?	\square Yes \square No					
	How often are MVRs rechecked?						
12)	Are driver files current and in compliance with DOT regulations?	□ Yes □ No					
12)	If no, please explain:						
	☐ Yes ☐ No						
13)	Describe your regular driving safety program:						
14)	Are driver logs kept and reviewed?	□ Yes □ No					
15)	Do drivers receive training for tie-down and weight distribution for flat b	ed operations?					
		\square Yes \square No					
1.0		C					
16)	Do you require owner-operators to comply with your minimum experience driver	ce, safety, maintenance and					
		\Box Voc. \Box No.					
	training requirements?	\square Yes \square No					
17)	VEHICLE MAINTENANCE:						
1/)	a. Is there a written maintenance program?	\square Yes \square No					
	b. Is an individual service record file maintained on each vehicle?	□ Yes □ No					
	c. Are vehicle condition reports (VCRs) completed daily?						
	f. Do your mechanics inspect owner/operator equipment?	□ Yes □ No					
	g. Do you maintain owner/operator maintenance records?	□ Yes □ No					
	g. Bo you maintain owner operator maintenance records.	_ 105 _ 110					
18)	COMPANY GROWTH HISTORY: Please provide the figures requested	I for the past five years:					
,	GROSS TOTAL OWNED	#OF OWNER/					
	YEAR REVENUES MILEAGE UNITS	<u>OPERATORS</u>					
	<u></u> \$						
	\$						
	<u>\$</u>						
	<u></u> <u>\$</u>						

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	LOSS EXPERIENCE: Please provide totals as requested below for each of the last five years. The total of all losses both insured and uninsured should be included:							
Auto Liability: YEAR	INSURANCE COMPANY	PREMIUM	LOSSES	# OF LOSSES				
Automobile Poll	ution Liability: INSURANCE COMPANY	PREMIUM	LOSSES	# OF LOSSES				
* I		1 Di	1					
	pany loss runs must be provide all losses in excess of \$10,000.		e explanation and c	copies of accident and				
to defraud any insura information, or conce	New York, Kentucky and Ohio ance company or other person als for the purpose of mislead act which is a crime and may be	files an applica ling, information	tion for insurance concerning any f	containing any false false material thereto,				
accuracy of the answ application, as well a	I understand and agree that it vers to the questions listed in s the statements made in other te that any material misstatemen	this application r information I h	and application for any application for any any and any application for any any and any application for an	orms attached to this art of the application				
Completion of the app	lications does not bind either the	e applicant or the	company to insura	nce coverage.				
Applicant's Signature	TITLE			Date				
	260 South	nsurance Solutions, LL0 h 2500 West, Suite 303 ant Grove UT 84062						

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