

# **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
6. 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.

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) Schedule of Vehicles (Show total number of units for each of the following)
- |   |  |
|---|--|
| _____ Private Passenger Autos               | _____ Pickup Trucks                      |
| _____ Vans (All)                            | _____ Stake and Flat Bed Trucks          |
| _____ Dump Trucks                           | _____ Tank Trucks (500 Gallons or Less)  |
| _____ Tank Trucks (3,000 Gallons or Less)   | _____ Tank Trucks (over 3,000 Gallons)   |
| _____ Tractors                              | _____ Vacuum Trucks                      |
| _____ Tank Trailers (3,000 Gallons or Less) | _____ Tank Trailers (over 3,000 Gallons) |
| _____ Box Trailers                          | _____ Flat Bed Trailers                  |

	Percentage of Cargo	Packaged	Percentage (%) Drummed	Bulk
5) Cargo Hazard Classification				
Non Hazardous Material – Solid – List _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Non Hazardous Material – Liquid – List _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Hazardous Material/Waste – Solid – List _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Hazardous Material/Waste – Liquid – List _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Hazardous Material/Waste – Gas – List _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other – List _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6) Hazardous Waste – Hazardous Materials

a. Do you ever haul hazardous 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?  Yes  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) WASTE HANDLING:

a. 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?  Yes  No

c. Do you ever take responsibility for loading or unloading hazardous materials or waste or petroleum substances?  Yes  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 if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. List locations where company vehicles are decontaminated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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 \_\_\_\_\_  
 Exclusive to your company: \_\_\_\_\_
- c. Are their any Drivers under contract or employment with DUI, DWI or Reckless Driving Convictions? within the last 3 years?  Yes  No  
 If Yes, Please list \_\_\_\_\_
- d. Do you have a minimum experience requirement for your drivers?  Yes  No  
 If Yes, Please describe \_\_\_\_\_

- 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):  
 \_\_\_\_\_ we have no training program \_\_\_\_\_ training provided by 3rd parties off premises  
 \_\_\_\_\_ seminars provided at our 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?  
 \_\_\_\_\_

- 11) Are motor vehicle reports (MVRs) obtained on all drivers prior to hire?  Yes  No  
 How often are MVRs rechecked? \_\_\_\_\_

- 12) Are driver files current and in compliance with DOT regulations?  Yes  No  
 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 bed operations?  
 Yes  No

- 16) Do you require owner-operators to comply with your minimum experience, safety, maintenance and driver training requirements?  
 Yes  No

- 17) VEHICLE MAINTENANCE:
- a. Is there a written maintenance program?  Yes  No
- b. Is an individual service record file maintained on each vehicle?  Yes  No
- c. Are vehicle condition reports (VCRs) completed daily?  Yes  No
- f. Do your mechanics inspect owner/operator equipment?  Yes  No
- g. Do you maintain owner/operator maintenance records?  Yes  No

- 18) COMPANY GROWTH HISTORY: Please provide the figures requested for the past five years:

YEAR	GROSS REVENUES	TOTAL MILEAGE	OWNED UNITS	# OF OWNER/ OPERATORS
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

19) **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:**

<u>YEAR</u>	<u>INSURANCE COMPANY</u>	<u>PREMIUM</u>	<u>LOSSES</u>	<u># OF LOSSES</u>

**Automobile Pollution Liability:**

<u>YEAR</u>	<u>INSURANCE COMPANY</u>	<u>PREMIUM</u>	<u>LOSSES</u>	<u># OF LOSSES</u>

\* Insurance company loss runs must be provided. Please provide explanation and copies of accident and police reports on all losses in excess of \$10,000.

**Notice to Arkansas, New York, Kentucky and Ohio Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any false material thereto, commits a fraudulent act which is a crime and may be subject to fines and confinement in prison.

**WARRANTY:** I understand and agree that insurance is provided based upon my warranty of the accuracy of the answers to the questions listed in this application and application forms attached to this application, as well as the statements made in other information I have provided as part of the application process. I further agree that any material misstatement or concealment will void coverage on my behalf.

Completion of the applications does not bind either the applicant or the company to insurance coverage.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date