

# ENVIRONMENTAL RISK MANAGERS, INC.

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## Mono-Line 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: \_\_\_\_\_

6) COMMODITIES HAULED:

% of Total Specific Commodity	% of Total Revenue	Average Miles
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any of the commodities listed above are listed as hazardous waste, substances or materials or petroleum substances you must complete this section. Please indicate classes of materials that you currently haul or intend to haul within the next twelve months. Check all that apply.

- |                             |                              |  |
|-----------------------------|------------------------------|--|
| a) _____ Flammable Liquid   | j) _____ Explosives ABC      | s) _____ Medical Waste                           |
| b) _____ Flammable Gas      | k) _____ Fertilizer - Liquid | t) _____ Cyanides                                |
| c) _____ Flammable Solids   | l) _____ Fertilizer - Bulk   | u) _____ Sulfides                                |
| d) _____ Combustible Liquid | m) _____ Gas Cylinders       | v) _____ Radioactive Mat.                        |
| e) _____ Combustible Gas    | n) _____ Hazardous Chemical  | w) _____ Waste Oil                               |
| f) _____ Combustible Solid  | o) _____ Herbicides          | x) _____ Saltwater, brine,<br>Drilling Mud, etc. |
| g) _____ Contaminated Soil  | p) _____ Insecticides        | z) _____ Other                                   |
| h) _____ Contaminated Water | q) _____ Lab Chemicals       |  |
| i) _____ Corrosive Acid     | r) _____ Lab Packs           |  |

If other, please describe (attach separate sheet of paper if necessary): \_\_\_\_\_

7) Of materials hauled, provide percentage of: Bulk \_\_\_\_ Drummed \_\_\_\_ Cylinder \_\_\_\_  
 Other \_\_\_\_\_ If other, explain \_\_\_\_\_

8) Does your company select, own or manage disposal sites for hazardous waste?      Yes      No  
 If yes, please explain: \_\_\_\_\_

9) List an address and phone number where records, manifests, inspection reports and personnel records are maintained: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10) Who is authorized to sign hazardous waste manifests? \_\_\_\_\_

Is this part of the employee's job description?      Yes      No

- 11) Does your company comply with DOT rules with regard to placarding and labeling to properly identify hazardous waste? If no, please attach an explanation.  
 Yes      No
- 12) List and describe all hazardous materials transportation incidents during the last five (5) years (if none, so state): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 13) 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: \_\_\_\_\_
- 14) Are all vehicles and equipment operated in a "hot" area decontaminated prior to leaving the site?      Yes      No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- 15) Describe your equipment and vehicle decontamination procedures (attach a separate sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 16) List locations where company vehicles are decontaminated: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 17) DRIVER SELECTION  
 a. Does driver selection include (check all that apply):
- |                           |                           |
|---------------------------|---------------------------|
| <u>Employees:</u>         | <u>Owner/Operators:</u>   |
| ____ Written application  | ____ Written application  |
| ____ Reference check      | ____ Reference Check      |
| ____ Written test         | ____ Written test         |
| ____ Road test            | ____ Road test            |
| ____ Physical exam        | ____ Physical exam        |
| ____ Substance Abuse Test | ____ Substance Abuse Test |
| ____ MVR check            | ____ MVR check            |
- b. Who is responsible for driver selection (give name and title): \_\_\_\_\_
- c. At what location are driver files maintained? \_\_\_\_\_
- 18) 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?  
 \_\_\_\_\_

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

20) Are driver files current and in compliance with DOT regulations? Yes No  
 If no, please explain: \_\_\_\_\_

21) Describe your regular driving safety program: \_\_\_\_\_

22) Are driver logs kept and reviewed? Yes No

23) Do drivers receive training for tie-down and weight distribution for flat bed operations?  
 Yes  
 No

- 24) 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

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

OWNER/ YEAR	GROSS REVENUES	TOTAL MILEAGE	OWNED UNITS	# OF OPERATOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26) 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Physical Damage:

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES #	OF LOSSES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Automobile Pollution Liability:

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES #	OF LOSSES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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\* 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.

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Applicant's Signature

TITLE

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Date