



HAZARDOUS TRANSPORTATION LIABILITY & PHYSICAL DAMAGE APPLICATION

GENERAL INFORMATION

Applicant					Effective Date:	Quoted By:
Mail Address	Street/P O Box	City	County	State	Zip Code	
Location Address	Street	City	County	State	Zip Code	Phone ()
Garaging						
1)						
2)						
Inspection Contact			Audit Contact		Business is: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Sole Owner Years in 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:	
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 AND LIMITS REQUESTED

1 Liability Limits	
A Combined Single Limit :	\$ _____
B Split Limits:	
Bodily Injury:	\$ _____ each person \$ _____ each accident
Property Damage	\$ _____ each accident
C Liability Deductible:	\$ _____
2 Do you desire Uninsured / Underinsured Motorists Coverage?	
<input type="checkbox"/> No	I (We) hereby reject Uninsured / Underinsured Motorists Coverage in its entirety.
<input type="checkbox"/> No	I (We) hereby reject Uninsured / Underinsured Motorists Coverage as respects Property Damage Liability in its entirety
<input type="checkbox"/> Yes	If coverage is accepted by a Named Insured, the limits provided is limited to the financial responsibility limits unless higher limits are request below
I (We) request limits of:	\$ _____ Bodily Injury Each Person \$ _____ Bodily Injury Each Accident \$ _____ Property Damage Each Accident \$ _____ Combined Single Limit
3 Do you desire Personal Injury Protection Insurance?	
<input type="checkbox"/> Yes	Limit Requested \$ _____ Personal Injury Protection
<input type="checkbox"/> No	
4 Do you desire medical payments? <input type="checkbox"/> Yes _____ Limit <input type="checkbox"/> No	

PHYSICAL DAMAGE

Deductible:	Comp \$ _____	Collision \$ _____	OTC \$ _____ N/A _____	Catastrophe Exposure \$ _____
Describe security and protection. i e fenced and/or lighted lot. stored in building. security guard. etc. _____				

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	Zones Near/Far
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

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

LOSS PAYEE INFORMATION

	NAME	ADDRESS	CITY	STATE	ZIP CODE
1					
2					
3					
4					
5					

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

If Yes, please complete the Hired and Non-owned Supplemental Coverage Application

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, give details _____

Is any specialized equipment attached to any unit? Yes No If Yes, describe _____

Non-Owned Autos : Number of Employees _____ Partners _____ Volunteers _____

SUPPLEMENTAL DRIVERS INFORMATION SHEET:

DRIVER INFORMATION

#.	EMPLOYEE OR OWNER OPERATION	NAME	DATE EMPLOYED	DATE OF BIRTH	STATE	LICENSE NUMBER	* YEARS EXPERIENCE	MVR VIOLATIONS LAST 36 MONTHS	UNIT DRIVEN
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									

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

HAZARDOUS MATERIAL TRANSPORTATION SUPPLEMENTAL APPLICATION

Applicant Name _____

List all hazardous materials hauled below filling in each block for each applicable commodity Use the classifications listed at the bottom of the table for radius, container type and trailer type.

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-Liquified Compressed Gas			
9	Liquified Compressed Gas			
10	Compressed Gas in Solution			
11	Flammable Gas			
12	Non-Flammable Gas			
13	Poisons A			
14	Poisons B			
15	Irritating Material			
16	Etiologic Agent			
17	Radioactive Material			
18	ORM – Other Related Materials			
19	ORM A			
20	ORM B			
21	ORM C			
22	ORM D			
23	ORM E			
24	Cosumer 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	51-20 miles = Intermediate	> 200 miles = Long Haul
TRAILER TYPE		CONTAINER TYPE		
F = Flatbed Trailer H = Hopper Trailer T = Tanker Trailer V = Van Trailer		B = Bulk D = Drummed C = Cylinder O = Other (must explain)		

HAZARDOUS MATERIAL TRANSPORTATION SUPPLEMENTAL APPLICATION
(CONTINUED)

SAFETY QUESTIONS 1-24 MUST BE ANSWERED ACCURATELY

- 1 If applicant has full-time safety director, name: _____
- 2 If no full-time safety director, name and title of person in charge of safety: _____
- 3 Does the above have the absolute power to hire and fire drivers? _____
- 4 Safety meetings are held how often? _____
- 5 What is applicant's policy regarding driver attendance in safety meetings? _____
- 6 Is there a driver award/bonus plan? Yes No If Yes, describe: _____
- 7 Is there an accident review board? Yes No If No, who reviews accidents? _____
- 8 Does applicant permit any non-employee passengers? Yes No If Yes, explain: _____
- 9 Does applicant have a driver's handbook? Yes No If Yes, attached copy (Attachment G)
- 10 Does applicant have a written safety program? Yes No If Yes, attach copy (Attachment H)
- 11 Does applicant have a written vehicle maintenance program? Yes No If Yes, Attached copy (Attachment I)
- 12 On what regularity are vehicles Serviced? _____
- 13 Maintenance program applies to (YES, NO or NA): Owned Equip _____ Leased Equip _____ O/OP Equip _____
- 14 Are maintenance records filed and retained on site? Yes No If No, explain: _____
- 15 Is M V R reviewed prior to driver hire or lease? Yes No If Yes, explain Procedure: _____
- 16 How often are M V R 's reviewed after driver hire or lease? _____
- 17 Who reviews M V R 's? _____
- 18 Minimum age of driver prior to hire or lease? _____
- 19 Minimum truck driving experience required prior to hire or lease? _____
- 20 What M V R violations disqualify a driver prospect? _____
- 21 What M V R violation will cause dismissal? _____
- 22 Current D O T safety rating and rating date: _____
- 23 Have you ever had authority lost or withdrawn? (ICC/PUC) Yes No If yes describe: _____
- 24 Have you been/now on probation by any regulatory? (ICC/PUC) Yes No If yes describe: _____

SUPPLEMENTAL QUESTIONS MUST BE ANSWERED ACCURATELY

1. List all currently used Treatment, Storage & Disposal facilities including permit numbers/locations.

2. Does applicant select disposal site for hazardous materials?

3. How and where are company vehicles decontaminated?

4. Who authorizes Hazardous Materials manifests and is this a full-time position?

5. Does applicant haul: Chemicals Dry Cleaning (PERC) Liquid Fertilizer Petroleum Compressed Gases
If yes, does applicant have some kind of Fundamental Carrier Security Guideline in place?

Filing Information

Please check off all states that you currently need a filing in:

Alabama	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	N.H.	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
California	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	Texas	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	Maine	<input type="checkbox"/>	New York	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	N.C.	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
D.C.	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	Washington	<input type="checkbox"/>
Florida	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	ICC	<input type="checkbox"/>

ICC Docket # _____

CAL-T # _____

MCS-90 Needed Yes ___ No ___

Name as it appears on filings:

Do you hold broker authority? _____

Any oversize/overweight, hazardous permits or other specialized filings required? Yes No If yes, explain, _____

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) Attached copies of the Company loss runs

AUTO LIABILITY		POLICY NUMBER	INSURANCE CARRIER	NO OF ACC.	BODILY INJURY		PROPERTY DAMAGE	
FROM	TO				PAID	OUTSTANDING	PAID	OUTSTANDING
PHYSICAL DAMAGE		POLICY NUMBER	INSURANCE CARRIER	NO OF ACC.	COLLISION		OTHER THAN COLLISION	
FROM	TO				PAID	OUTSTANDING	PAID	OUTSTANDING

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

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

FROM	TO	EXACT REVENUE (not rounded)	EXACT MILEAGE (not rounded)	AVERAGE # OF POWER UNITS
NEXT TWELVE MONTHS		Est. Rev :	Est Miles:	Est Units:

ATTACHMENTS A - J LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION

- 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 25,000
- C _____ Most current financial statements + prior fiscal year
- D _____ Complete vehicle schedule including radius of operation
- E _____ Fuel tax records for most current year
- F _____ Current driver info including years of experience
- G _____ Driver's handbook dated _____
- H _____ Written safety program dated _____
- I _____ Written maintenance program dated _____
- J _____ Trip lease agreement _____
- K _____ Other _____

I authorize Freberg Environmental, Inc. 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: _____

Applicant Signature _____ Date: _____