



*JJ Farber-Lottman Co., Inc.*  
Servicing the Insurance Industry Since 1914

200 RT 5  
Palisades Park, NJ 07650  
201-947-1600 Opt. 1 Fax: 201-945-5315

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

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

- |   |   |
|---|---|
| <p>A _____ Verified loss runs valued within 90 days of proposed quote date for current year + 48 mos minimum</p> <p>B _____ Details on all losses in excess of 25,000</p> <p>C _____ Most current financial statements + prior fiscal year</p> <p>D _____ Complete vehicle schedule including radius of operation</p> <p>E _____ Fuel tax records for most current year</p> | <p>F _____ Current driver info including years of experience</p> <p>G _____ Driver's handbook dated _____</p> <p>H _____ Written safety program dated _____</p> <p>I _____ Written maintenance program dated _____</p> <p>J _____ Trip lease agreement _____</p> <p>K _____ Other _____</p> |
|---|---|

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: \_\_\_\_\_