**HAZARDOUS MATERIAL SUPPLEMENTAL APPLICATION  
(Complete in addition to the Commercial Automobile Application)**

**Applicant’s Name:**

|  |
| --- |
| **1. Description of operations:** |

Number of years in business:       Number of years under current management:

**2. Is this operation a subsidiary or division of another company?**  Yes  No

|  |
| --- |
| If yes, advise the name of the company, their address and the relationship: |

**3. Have you ever operated under another name?**  Yes  No

If yes, what name?

**4. Number of years you have had authority to transport hazardous material:**

Has your hazardous material operating authority (Federal or State) ever been suspended, revoked, withdrawn or under compliance review?  Yes  No

|  |
| --- |
| If yes, explain: |

**5.** **Gross Receipts:**

|  |  |  |
| --- | --- | --- |
| **Hazardous Materials** | **General Commodities** | **Total for All Operations** |
| $ | $ | $ |

**6.**

|  |  |
| --- | --- |
| **Largest/Major Cities Entered** | **Percent of Operation** |
|  | % |
|  | % |
|  | % |
|  | % |
|  | % |

**7.** **Number of owned/long term leased vehicles:**

      Tractors       Box Trucks       Box/Van Trailers       Flatbeds       Dump Trailers

      Tank Trailers       Other (Describe):

**8. Number of owner/operator vehicles:**

      Tractors       Box Trucks       Box/Van Trailers       Flatbeds       Dump Trailers

      Tank Trailers       Other (Describe):

**9. Who maintains the vehicles, including trailers?**

Name:

Address:

How often are vehicles serviced?

**10. List your ten (10) largest clients:**

|  |  |
| --- | --- |
| **Name of Client** | **Name of Client** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**11. Identify the types of special driver training programs required to be completed by drivers:**

Emergency Vehicle Evacuation  General Awareness/Familiarization  Hazardous Material Handling

OSHA or EPA Sponsored  Regulatory Update  Safety

Security Awareness  Other (Describe):

|  |
| --- |
| **12. Who is responsible for hazardous materials training for your drivers?** |

|  |
| --- |
| **13. Who is responsible for the loading and unloading of hazardous materials?** |

**14. Are the drivers trained to identify improperly labeled/marked or packaged hazardous   
materials?**  Yes  No

**15. Do your drivers have the authority to refuse a shipment if the hazardous material labeling/  
loading/packaging is not in compliance with the federal regulations?**  Yes  No

|  |
| --- |
| **Describe the procedures your employees use for refusing a load:** |

**16. Are all drivers familiar with placard regulations, including the proper use and placement?**  Yes  No

**17. List all hazardous materials transported:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazardous Materials Classification** | **UN Number (United Nations)** | **Percent of Loads** | **Average Radius** | **Container Type** | **Trailer Type** |
| Class 1: Explosives |  | % |  |  |  |
| Class 2: Gases |  | % |  |  |  |
| Class 3: Flammable liquids |  | % |  |  |  |
| Class 4: Flammable solids; spontaneously combustible materials; and materials that are dangerous when wet |  | % |  |  |  |
| Class 5: Oxidizers and organic  peroxides |  | % |  |  |  |
| **Hazardous Materials Classification** | **UN Number (United Nations)** | **Percent of Loads** | **Average Radius** | **Container Type** | **Trailer Type** |
| Class 6: Poisons and etiologic  materials |  | % |  |  |  |
| Class 7: Radioactive materials |  | % |  |  |  |
| Class 8: Corrosives |  | % |  |  |  |
| Class 9: Miscellaneous |  | % |  |  |  |
| ORM-D: Other regulated material |  | % |  |  |  |
| Other (Describe): |  | % |  |  |  |

**18. Are hazardous materials transported in bulk?**  Yes  No

**19. List non-hazardous materials transported:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Commodities** | **Percent of Loads** | **Average Radius** | **Trailer Type** |
|  | % |  |  |
|  | % |  |  |
|  | % |  |  |
|  | % |  |  |
|  | % |  |  |

Trailer Type: F = Flatbed Trailer, H = Hopper Trailer, T = Tanker Trailer, V = Van Trailer

Radius: 1-100 miles, 101-300 miles, 301-500 miles, greater than 500 miles

**20. Name and title of full-time safety director:**

|  |
| --- |
| **21. If no full-time safety director, name and title of person in charge of safety:** |

**22. Does the above person have the absolute power to hire and terminate drivers?**  Yes  No

**23. How often are safety meetings held?**

**24. Are safety meetings mandatory for all drivers?**  Yes  No

**25. Is there a driver award/bonus plan?**  Yes  No

|  |
| --- |
| If yes, describe: |

**26. Is there an accident review procedure?**  Yes  No

|  |
| --- |
| If yes, describe: |

**27. Is there an accident review board?**  Yes  No

If no, who reviews accidents?

**28. Do you allow passengers?**  Yes  No

|  |
| --- |
| If yes, explain: |

**29. Are you responsible for the maintenance of owner/operated or leased equipment?**  Yes  No

**30. Are maintenance records retained on-site?**  Yes  No

|  |
| --- |
| If no, explain: |

**31. Are MVRs reviewed for acceptability prior to hire or lease?**  Yes  No

|  |
| --- |
| If yes, explain procedure: |

**32. How often are MVRs reviewed and by whom?**

**33. Criteria for hiring drivers:** Minimum Age:       Years of HAZMAT Experience:

|  |
| --- |
| MVR Standards: |

**34. Current DOT safety rating and rating date:**

|  |
| --- |
| **35. List all currently used treatment, storage and disposal facilities including permit numbers/locations:** |

**36. Do you select the disposal site for hazardous materials?**  Yes  No

|  |
| --- |
| If no, who makes the selection? |

|  |
| --- |
| **37. Describe decontamination process:** |

**38. Who authorizes hazardous materials manifests?**

Is this a full-time position?  Yes  No

**39. Do you carry Pollution Liability coverage?**  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Number** | **Carrier** | **Limits** | **Term** |
|  |  |  |  |

**40. Do you carry General Liability coverage?**  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Number** | **Carrier** | **Limits** | **Term** |
|  |  |  |  |

**41. Are all employees covered by Worker’s Compensation?**  Yes  No

If yes, provide carrier name:

|  |
| --- |
| **42. Describe any other pertinent information about your business:** |

**ATTACHMENTS LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION**

• Complete vehicle schedule including radius of operation

• Verified loss runs currently valued for current year plus forty-eight (48) months minimum

• Details of all losses in excess of ten thousand dollars ($10,000)

• Fuel tax records for most current year

• Current driver information including years of experience

**DO YOU HAVE THE FOLLOWING? IF YES, ATTACH COPY.**

Trip lease agreement?  Yes  No Driver’s handbook?  Yes  No

Driver training manual?  Yes  No Written MVR standards?  Yes  No

Written safety program?  Yes  No Written vehicle maintenance program?  Yes  No

Owner/operator contract?  Yes  No

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner, or executive officer)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)