



APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

**ROCK HILL**  
INSURANCE COMPANY

## Transportation Pollution Liability Monoline Application

### SECTION A: APPLICANT INFORMATION

APPLICANT

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CONTACT NAME

CONTACT E-MAIL

CONTACT PHONE #

WEBSITE ADDRESS

COMPANY IS:  Individual  Corporation  LLC  Partnership  Other (Specify)

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

### SECTION B: HISTORY OF COMPANY

1. Date Established:

2. Does the applicant have  Subsidiaries  A parent company  Other related entities If yes, explain:

3. Do you share employees?  Yes  No If yes, explain:

4. During the past 5 years has the name of the applicant been changed or has any acquisitions, consolidations, dissolutions, mergers taken place?  Yes  No If yes, explain:

SECTION C: REQUESTED COVERAGE  Renewal  New Business

Limits Per Motor Vehicle Pollution Incident

Aggregate Limit

Deductible Per Motor Vehicle Pollution Incident

### SECTION D: COMPANY GROWTH HISTORY – PROVIDE FIGURES FOR THE PAST FIVE (5) YEARS

YEAR	GROSS REVENUE	TOTAL MILEAGE	# OF OWNED UNITS	# OF OWNER/OPERATORS

SECTION E: LOSS EXPERIENCE: PROVIDE TOTALS FOR EACH OF LAST FIVE (5) YEARS. THE TOTAL OF ALL LOSSES BOTH INSURED AND UNINSURED SHOULD BE INCLUDED

AUTO LIABILITY

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES	# OF LOSSES

AUTOMOBILE POLLUTION LIABILITY -  Check here and complete if applicable

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES	# OF LOSSES

\*INSURANCE COMPANY LOSS RUNS MUST BE PROVIDED. INCLUDE EXPLANATIONS AND COPIES OF ACCIDENT AND POLICE REPORTS ON ALL LOSSES IN EXCESS OF \$10,000\*

**LOSS EXPERIENCE CONTINUED**

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies?  Yes  No

	TOTAL INCURRED	# OF CLAIMS	VALUATION DATE	INCLUDE LOSS & EXPENSES PAID & RESERVED
Current Year				
1 <sup>st</sup> Prior Year				
2 <sup>nd</sup> Prior Year				
3 <sup>rd</sup> Prior Year				
4 <sup>th</sup> Prior Year				

2. Has any claim, suit or notice of incident been made against the firm or any staff member?  Yes  No  
If yes, please attach full details on each incident.

3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member?  Yes  No  
If yes, attach full details.

**SECTION F: DRIVER INFORMATION**

1. Total number of driver applicant employees:
- Full Time (more than 35 hours a week):
  - Part Time (less than 35 hours a week):

PLEASE ATTACH MVRs (IF HAULING HAZARDOUS MATERIALS)

2. Do you have any owner- operators currently contracted  Yes  No If yes, how many:
- Do you require owner-operators to comply with your minimum experience, safety, maintenance and driver training requirements?  Yes  No  N/A

3. Are there any drivers under contract or employment with DUI, DWI or Reckless Driving Convictions within the last 3 years?  
 Yes  No If yes, please list:

4. Do you have a minimum experience requirement for your drivers?  Yes  No  
If yes, please describe:

**Section G: DRIVER TRAINING AND ORIENTATION PROGRAMS**

We have no training program	<input type="checkbox"/> Yes <input type="checkbox"/> No	We have a written training program: If yes, submit a copy	<input type="checkbox"/> Yes <input type="checkbox"/> No
We provide seminars on our premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training is provided by 3 <sup>rd</sup> parties off premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have on the job training:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long is the training prior to being allowed to drive alone?		

Other: (specify)

1. Are motor vehicle reports (MVRs) obtained on all drivers prior to hire?  Yes  No If yes, how often are MVRs rechecked?

2. Are driver files current and in compliance with DOT regulations?  Yes  No If no, please explain:

3. Describe your regular driving safety program:

4. Are driver logs kept and reviewed?  Yes  No

5. Do drivers receive training for tie-down and weight distribution for flat bed operations?  Yes  No  N/A

## SECTION H: VEHICLE MAINTENANCE

1. Is there a written maintenance program?  Yes  No
2. Is an individual service record file maintained on each vehicle?  Yes  No
3. Are vehicle condition reports (VCRs) completed daily?  Yes  No
4. Do your mechanics inspect owner/operator equipment?  Yes  No
5. Do you maintain owner/operator maintenance records?  Yes  No

## SECTION I: HAZARDOUS WASTE HAZARDOUS MATERIALS

Check here if this section does not apply

1. 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:
2. Do all drivers have their CDL with hazardous materials endorsement?  Yes  No
  - If no, please explain:
3. Does your company select, own or manage disposal sites for hazardous waste?  Yes  No
  - If yes, please explain:
4. Who is authorized to sign hazardous waste manifests?
  - Is this part of the employee's job description?  Yes  No
5. 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.
6. Have there been any hazardous material transportation incidents in the last five (5) years?  Yes  No
  - If yes, please list and describe them:
7. 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 are the maximum quantities you will hold?
8. Are there any restrictions on the material you will hold while waiting for disposal arrangements?  Yes  No
9. Do you ever take responsibility for loading or unloading hazardous materials or waste or petroleum substances?  Yes  No
  - If yes, please explain:
10. Do any vehicles operate in a "hot" area?  Yes  No If yes, please explain:
  - Describe your equipment and vehicle decontamination procedures:
  - List locations where company vehicles are decontaminated:

## SECTION J: CARGO HAZARD CLASSIFICATION

% OF CARGO	% HAULED BY YOU 1 <sup>ST</sup> PARTY	% HAULED BY INDEPENDENT CONTRACTOR 3 <sup>RD</sup> party	TYPE OF CARGO	% PACKAGED	% DRUMMED	% BULK	TOTALS
			Non Hazardous Material - Solid				
			Non Hazardous Material - Liquid				
			Hazardous Material/Waste - Solid				
			Hazardous Material/Waste - Liquid				
			Hazardous Material/Waste - Gas				

**SECTION K: CARGO TRANSPORTED CHECK ALL THAT APPLY**

TYPE OF CARGO	TYPE OF CARGO	TYPE OF CARGO
<input type="checkbox"/> Acetylene, Oxygen & Welding Supplies	<input type="checkbox"/> Gasoline, Diesel, alcohol, Aviation Fuel – Liquids/More than 500 Gallons	<input type="checkbox"/> Oil Field Drilling Fluids, water based
<input type="checkbox"/> Appliances, Computers, Televisions	<input type="checkbox"/> General Cargo Containers	<input type="checkbox"/> Oil Field Rental Equipment
<input type="checkbox"/> Asbestos Containing Material, Lead Containing Materials	<input type="checkbox"/> Grain, Corn, Sugar, Coffee, Citrus, Fruit	<input type="checkbox"/> Oil Field Wire Line Units
<input type="checkbox"/> Asphalt/Hot Mix - Liquids / 500 gallons or Less	<input type="checkbox"/> Grease – Liquids/500 Gallons or Less	<input type="checkbox"/> Packaged Food Products, Produce
<input type="checkbox"/> Asphalt/Hot Mix - Liquids /More than 500 Gallons	<input type="checkbox"/> Grease – Liquids/More than 500 Gallons	<input type="checkbox"/> Packaged Food Products, Seafood, Meat (Refrigerated)
<input type="checkbox"/> Batteries - New	<input type="checkbox"/> Heating Oil, Fuel Oil, Waste Oil Filters – Liquids/500 Gallons or More	<input type="checkbox"/> Paint & Paint Thinners
<input type="checkbox"/> Batteries – Used	<input type="checkbox"/> Heating Oil, Fuel Oil, Waste Oil Filters – Liquids/More than 500 Gallons	<input type="checkbox"/> Paper, Glass, Plastic Goods
<input type="checkbox"/> Bottled Water, Ice	<input type="checkbox"/> Herbicides – Liquids/500 Gallons or Less	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Building – Construction Materials, Manufactured Housed	<input type="checkbox"/> Herbicides – Liquids/More than 500 Gallons	<input type="checkbox"/> Pesticides – Liquids/3,000 Gallons or Less
<input type="checkbox"/> Cars, Boats, Motorcycles - New	<input type="checkbox"/> Herbicides – Packaged Solids	<input type="checkbox"/> Pesticides – Liquids/More than 3,000 Gallons
<input type="checkbox"/> Cars, Boats, Motorcycles – Used	<input type="checkbox"/> Laboratory Samples	<input type="checkbox"/> Petroleum Contaminated Soil
<input type="checkbox"/> Cars, Boats, Motorcycles- Wrecked/Crushed	<input type="checkbox"/> Landscaping Equipment	<input type="checkbox"/> Pharmaceutical Waste
<input type="checkbox"/> Chemicals – Drummed Liquids	<input type="checkbox"/> Liquid Food Products – Liquids/500 Gallons or Less	<input type="checkbox"/> Pipe – Welding Inspection Units
<input type="checkbox"/> Chemicals – Liquids/500 Gallons or Less	<input type="checkbox"/> Liquid Food Products – Liquids/More than 500 Gallons	<input type="checkbox"/> Pipe Slag & Oil Field Drill Cuttings – Bulk Solids
<input type="checkbox"/> Chemicals – Liquids/More than 500 Gallons	<input type="checkbox"/> Liquid Petroleum Products – Drummed Liquids-	<input type="checkbox"/> Pipe Slag & Oil Field Drill Cuttings – Package Solids
<input type="checkbox"/> Chemicals – Packaged Liquids	<input type="checkbox"/> Liquid Petroleum Products – Packaged Liquids	<input type="checkbox"/> Plants, Flowers, Mulch, Trees, Grass, Sod, Seed, Seedlings, Hay
<input type="checkbox"/> Coal, Shale, Oil Strata, Spent Oil Catalyst	<input type="checkbox"/> Liquor, Alcoholic Beverages, Beer	<input type="checkbox"/> Recycled Materials - <b>Hazardous</b>
<input type="checkbox"/> Concrete Products, Cement, Concrete, Ready Mix	<input type="checkbox"/> Livestock Feed	<input type="checkbox"/> Recycled Materials - Non Hazardous
<input type="checkbox"/> Construction & Demolition Waste	<input type="checkbox"/> Livestock Waste – Bulk Solids	<input type="checkbox"/> Refrigerant Gas
<input type="checkbox"/> Contractors' Equipment, Including Empty Fuel Tanks	<input type="checkbox"/> Livestock Waste – Liquids/500 Gallons or Less	<input type="checkbox"/> Rubber Materials/Tires
<input type="checkbox"/> Cotton, Sugarcane, Soybeans, Peanuts	<input type="checkbox"/> Livestock Waste – Liquids/More than 500 Gallons	<input type="checkbox"/> Salt/Brine Water, Waste Water – Ship Bilge Liquids/500 Gallons or Less
<input type="checkbox"/> Dry Cleaner, Swimming Pools Supplies	<input type="checkbox"/> Livestock, Horses, Poultry, Pets	<input type="checkbox"/> Salt/Brine Water, Waste Water – Ship Bilge Liquids/More than 500 Gallons
<input type="checkbox"/> Dumpsters – Construction Debris	<input type="checkbox"/> Machine Parts	<input type="checkbox"/> Sewage & Treatment Plant Waste/Portable Toilet - Bulk
<input type="checkbox"/> Electrical Motors	<input type="checkbox"/> Mail Packages	<input type="checkbox"/> Sewage & Treatment Plant Waste/Portable Toilet - Liquid
<input type="checkbox"/> Fertilizers – Liquids/500 Gallons or Less	<input type="checkbox"/> Medicine, Pharmaceuticals, Lab Packs, Medical Waste, Crime Scene Waste	<input type="checkbox"/> Sewage & Treatment Plant Waste/Portable Toilet - Liquid
<input type="checkbox"/> Fertilizers – Liquids/More than 500 Gallons	<input type="checkbox"/> Non Flammable Liquids – <b>Hazardous/</b> Drummed Liquids	<input type="checkbox"/> Soaps, Detergents, Waxes – Bulk Liquids
<input type="checkbox"/> Fertilizers – Packaged Solids	<input type="checkbox"/> Non Flammable Liquids – Non Hazardous/ Bulk Liquids	<input type="checkbox"/> Soaps, Detergents, Waxes – Drummed Liquids
<input type="checkbox"/> Film, Photography Supplies & Equipment	<input type="checkbox"/> Non Flammable Liquids – Non Hazardous/ Drummed Liquids	<input type="checkbox"/> Soap Detergents, Waxes – Packaged Solids
<input type="checkbox"/> Fire Extinguishers & Fire Extinguishing Supplies	<input type="checkbox"/> Office Supplies	<input type="checkbox"/> Soft Drinks, Fruit Drinks
<input type="checkbox"/> Fly Ash – Enclosed	<input type="checkbox"/> Oil Field Drilling Chemicals – Bagged	<input type="checkbox"/> Soil, Sand, Gravel, Marble, Stone Brick
<input type="checkbox"/> Fly Ash – Not Enclosed	<input type="checkbox"/> Oil Field Drilling Fluids - <b>Hazardous /</b> Drummed Liquids	<input type="checkbox"/> Steel, Piping, Tanks, Cylinders – New or Not Empty
<input type="checkbox"/> Furniture, Textiles	<input type="checkbox"/> Oil Field Drilling Fluids – Non-Hazardous/ Drummed Liquids	<input type="checkbox"/> Steel, Piping, Tanks, Cylinders – Used & Empty
<input type="checkbox"/> Garbage – Household & Office	<input type="checkbox"/> Oil Field Drilling Fluids, Oil Based – Liquids/ 500 Gallons or Less	<input type="checkbox"/> Wood, Timber, Sawdust, Bark
<input type="checkbox"/> Gasoline, Diesel, Alcohol, Aviation Fuel – Liquids/500 Gallons or Less	<input type="checkbox"/> Oil Field Drilling Fluids, Oil Based - Liquids/ More than 500 Gallons	<input type="checkbox"/> Other (specify)

**SECTION L: SCHEDULE OF VEHICLES**

TYPE	TOTAL #	RADIUS TRAVELED - MILES	CARGO – USE CARGO FROM LIST ABOVE
Private Passenger Auto		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	
Pickup Truck		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	
Van		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	
Stake and Flatbed Trucks		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	
Dump Truck		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	
Garbage Truck		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	
Vacuum Truck		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	
Tractor Trailer Unit		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	
Trailer – not attached to tractor		<input type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> MORE THAN 100	

**FRAUD WARNING: APPLICABLE TO ALL STATES**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**WARRANTY STATEMENT**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

**NOTICE TO APPLICANTS:**

- a) 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 fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Date:

Title:

Vehicle Schedule

<u>VEHICLE TYPE</u> USE CHOICES BELOW	<u>CARGO</u> USE CHOICES FROM SECTION K	<u>RADIUS TRAVELED</u> USE BELOW CHOICES	<u>VEHICLE MAKE</u>	<u>VEHICLE YEAR</u>	<u>VEHICLE MODEL</u>	<u>VEHICLE VIN #</u>

- TYPE OF VEHICLE**
1. Private Passenger Auto
  2. Pickup Truck
  3. Van
  4. Stake and Flatbed
  5. Dump Truck
  6. Garbage Truck
  7. Vacuum Truck
  8. Tractor Trailer Unit
  9. Trailer – not attached to tractor

- RADIUS**
1. LESS THAN 50 MILES
  2. 50 – 100 MILES
  3. MORE THAN 100 MILES

### Vehicle Schedule

<u>VEHICLE TYPE</u> USE CHOICES BELOW	<u>CARGO</u> USE CHOICES FROM SECTION K	<u>RADIUS TRAVELED</u> USE BELOW CHOICES	<u>VEHICLE MAKE</u>	<u>VEHICLE YEAR</u>	<u>VEHICLE MODEL</u>	<u>VEHICLE VIN #</u>

- TYPE OF VEHICLE**
1. Private Passenger Auto
  2. Pickup Truck
  3. Van
  4. Stake and Flatbed
  5. Dump Truck
  6. Garbage Truck
  7. Vacuum Truck
  8. Tractor Trailer Unit
  9. Trailer – not attached to tractor

- RADIUS**
1. LESS THAN 50 MILES
  2. 50 – 100 MILES
  3. MORE THAN 100 MILES