

American International Companies®

Name of Insurance Company to which Application is Made
(Herein called the Company)

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

THIS IS AN APPLICATION FOR A *CLAIMS MADE* AND REPORTED POLICY.*

SUPPLEMENTAL ENVIRONMENTAL AUTOMOBILE LIABILITY APPLICATION

INSTRUCTIONS:

Provide the following documents and materials along with the completed original signed and dated application:

- At least one year of audited financial statements.
 enclosed information to follow Does not exist
- At least five years of loss history (company loss runs) for automobile liability.
 enclosed information to follow Does not exist
- Driver training/safety manual that includes loading/unloading procedures.
 enclosed information to follow Does not exist
- Spill contingency plan.
 enclosed information to follow Does not exist
- Vehicle maintenance plan.
 enclosed information to follow Does not exist
- Vehicle list including vehicle identification numbers.
 enclosed information to follow
- Written contract used with Owner/Operators.
 enclosed information to follow Does not exist
- Copy of current Business Auto Policy or Truckers Policy.
 enclosed information to follow
- Copy of current Motor, Truck, Cargo Policy.
 enclosed information to follow Does not exist

*The Supplemental Environmental Automobile Liability Policy is an occurrence policy.

COVERAGES APPLIED FOR

Check coverage(s) you are applying for:

A. Supplemental Environmental Automobile Liability Policy
Limit of Liability \$ _____
Deductible \$ _____ SIR \$ _____
Proposed Effective Date _____

B. Supplemental Environmental Automobile Liability Endorsement attached to:
 Pollution Legal Liability Policy
 Contractors Operations and Professional Services (COPS) Policy
 Contractor's Pollution Liability (CPL) Policy

Limit of Liability \$ _____
Deductible \$ _____ SIR \$ _____
Proposed Effective Date _____

1. APPLICANT

Named Insured _____

Post Office Address _____

Contact Name _____

Title _____

Telephone Number _____

Named Insured is:

- Corporation Partnership Other:
 Joint Venture Individual

2. CHARACTERIZATION OF APPLICANT'S CARGO

<u>MATERIAL</u>	<u>PROJECTED AMOUNT TO BE TRANSPORTED IN NEXT 12 MONTHS (specify in ponds or gallons)</u>	<u>% TO BE TRANSPORTED by named Insured*</u>	<u>% TO BE TRANSPORTED by third parties +</u>
Hazardous Waste			
Solid		%	%
Liquid		%	%
Gas		%	%
Hazardous Material			
Solid		%	%
Liquid		%	%
Gas		%	%
Petroleum		%	%
Explosives		%	%
Other		%	%
		%	%
Non-Hazardous Material		%	%

*including owner-operators
+excluding owner-operators

3. DRIVER INFORMATION

Number of drivers applicant employs: _____
-----Full Time (35+ hours per week): _____
-----Part Time (less than 35 hours per week): _____

Number of Owner-Operators currently contracted: _____
Do they work exclusively for your company? _____
If not, what percentage is handled for other clients? _____

Does your driver selection evaluation process include:

	<u>YES</u>	<u>NO</u>	<u>HOW OFTEN</u>
Written application	<input type="checkbox"/>	<input type="checkbox"/>	
Reference Checks	<input type="checkbox"/>	<input type="checkbox"/>	
Written Test	<input type="checkbox"/>	<input type="checkbox"/>	
Motor Vehicle Record (MVR) check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Road Test	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Substance Abuse Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personality Profile	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any drivers under your employment with convictions within the last three years for DUI, DWI, or reckless driving?

Yes No

If yes, provide details and action taken: _____

Do you have minimum experience requirements for your drivers?

Yes No

If yes, please describe: _____

Describe training given to drivers and state the frequency of such training:

Do you require owner-operators to comply with your fleet safety maintenance and driver training programs?

Yes No

4. FLEET CHARACTERIZATION

Identify the number of units (including applicant's and owner-operator's) applicable to each category below for which coverage is requested:

_____ Tractors	_____ Van Trailers
_____ Tank Trailers (over 3,500 gallons)	_____ Tank Trucks
_____ Tank Trailers (3,500 gallons or less)	_____ Vacuum Trucks
_____ Flat Bed Trailers	_____ Flat Bed Trucks
_____ Dump/Hopper Trailers	_____ Dump/Hopper Trucks
_____ Pick-up Trailers	_____ Van Trucks
	_____ Other (specify)

State annual aggregate fleet mileage for each of the past five years: _____

State the types of materials you (or your owner-operators) are permitted by state and federal law to transport:

Are the vehicles equipped with theft alarms? Yes No

Are the vehicles ever left loaded overnight? Yes No

5. INSURANCE

Name of current business automobile insurance company: _____

Policy term: _____ Limit of insurance: \$ _____

Is an MCS-90 attached to the policy?

Yes No

Does this policy provide pollution liability insurance?

Yes No

If yes, attach Policy/Endorsement

6. Have you during the last five years been prosecuted criminally, civilly, or administratively, or are you currently being prosecuted, for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or any other pollutant?

Yes No

If so, explain: _____

7. Have you during the last five years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?

Yes No

If yes, explain: _____

8. List all claims made against you during the past five years for cleanup or response action, "toxic tort," or other bodily injury or property damage, resulting from the release of hazardous substances, hazardous waste, or any other pollutants, into the environment. Provide a description of the claim(s) and its disposition. If none, so state.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

If an order is received, the application is attached to the policy. It is therefore necessary that all questions be answered in detail. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

The applicant represents that the above statements are true and that no material facts have been suppressed or misstated.

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, 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.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & title)