



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

HAZARDOUS TRANSPORTATION APPLICATION

GENERAL INFORMATION

Applicant:						Effective Date:	
Mailing Address:	Street/P.O. Box	City	County	State	Zip Code	Phone	
Location 1: Address	Street	City	County	State	Zip Code		
Location 2:							
Location 3:							
Inspection Contact:		Insured Email:		Business is:		Corp	LLC
USDOT #:		FEIN:		Year Business Started:			

UNDERWRITING INFORMATION

Radius by %: 1-50 Miles _____ 51-200 Miles _____ 201-500 Miles _____ 501+ Miles _____				Authority: Common Contract Brokerage Exempt Private			
State and cities entered:							
Description of operations:							
List hazardous commodities by % (hazardous and non-hazardous must equal 100%):							
List non-hazardous commodities hauled by %:							
Is applicant registered as a hazmat operation? Yes No							
Do loads require placards?: Yes No							
Does applicant have any subsidiary or sister companies?: Yes No							
If "Yes" name all other companies:						DOT#: _____	

COVERAGE AND LIMITS REQUESTED

1. Liability Limits:							
Combined Single Limit: \$ _____							
Additional Insureds:		Yes	No				
Waiver of Subrogation:		Yes	No				
30 Day NOC:		Yes	No				
PNC (specific entities only, no blanket):		Yes	No				
Name and address for PNC: _____							
Hired Auto Liability:		Yes	No	Annual cost of hire: \$ _____			
Non-Owned Liability:		Yes	No	# of employees: _____ # of partners: _____			
2. Do you desire Uninsured / Underinsured Motorists Coverage?:							
No I (We) hereby reject Uninsured / Underinsured Motorists Coverage in its entirety.							
No I (We) hereby reject Uninsured / Underinsured Motorists Coverage as respects Property Damage Liability in its entirety.							
Yes If coverage is accepted by a Named Insured, the limit provided is limited to the financial responsibility limits unless higher limits are requested 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:		Yes	No	Limit Requested: \$ _____			
4. Do you desire Medical Payments:		Yes	No	Limit Requested: \$ _____			
5. Do you desire Physical Damage:		Yes	No	Deductible Requested: \$ _____			
Describe security and protection, i.e. fenced and/or lighted lot, stored in building, security guard, etc:							

FE I Insurance Program Managers

Phone: (303) 534-1171 (800) 377-4152

List all materials hauled below. Fill in columns for each applicable commodity (Total 100%).
Use the classifications listed at the bottom of the table for radius, container type and trailer type.

HAZARDOUS MATERIALS CLASSIFICATION		UN #	% OF LOADS	RADIUS	CONTAINER/TRAILER TYPE
1.	Fireworks (consumer grade only)				
2.	Alcohol, Solvents - Ethanol (pure)				
3.	Asbestos				
4.	Chemicals				
5.	Cleanup Contractor (emergency response)				
6.	Contaminated Soil				
7.	Dry Cleaning Fluids				
8.	Hazardous Sludge				
9.	Hazardous Waste				
10.	Heating Oil				
11.	Liquid Asphalt (GL not available)				
12.	Liquid Fertilizer				
13.	Medical Waste (GL not available)				
14.	Non-Hazardous Sludge				
15.	Non-liquid Asphalt				
16.	Non-liquid Fertilizer				
17.	PCB Fluids				
18.	Petroleum – kerosene, oil, gas, diesel, ethanol, hot oil, crude				
19.	Compressed Gases – propane, helium, oxygen, welding gases				
20.	Waste Oil – (GL not available) restaurant grease, motor oil, antifreeze, lube oil				
21.	Non-Hazardous NOC – (GL not available) commercial roll-off, transfer station to landfill				
22.	Transformers				
23.	Freon				
24.	Low Grade Radioactive White Labels only				
25.	Hot Steel				
26.	Remediation Contractor				
27.	Milk				
28.	Companion Auto – no filings, no MCS90				
29.	LNG				
30.	Frac Water, Oilfield Water (VAC Trucks GL not available)				
31.	Explosives (1.4, 1.5, 1.6 only)				
32.	Hemp Haulers				
33.	Other:				
34.	Poisons A	Coverage is not available within program			
35.	Poisons B	Coverage is not available within program			
36.	Etiologic Agents: (microorganisms and microbial toxins, viruses, etc.)	Coverage is not available within program			
	NON-HAZARDOUS MATERIALS HAULED	% OF LOADS		RADIUS	TRAILER TYPE
37.					
38.					
39.					
40.					
41.					
42.					
AVERAGE RADIUS:		0 - 50 miles = Local		51-200 miles = Intermediate	> 200 miles = Long Haul
TRAILER TYPE		CONTAINER TYPE			
F = Flatbed Trailer C = Chassis Trailer T = Tanker Trailer V = Van		B = Bulk D = Drummed C = Cylinder O = Other (must explain)			
D = Dump Trailer R = Refrigerated Trailer I = Intermodal/Container Trailer					

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				

POWER UNIT INFORMATION

#	YEAR	MAKE/TYPE	GVW	VEHICLE IDENTIFICATION NUMBER	MAX RADIUS	GARAGING ZIP	VALUE	DEDUCTIBLE	OWNER OP (Y/N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

TRAILER INFORMATION

#	YEAR	MAKE/TYPE	VEHICLE IDENTIFICATION NUMBER	MAX RADIUS	GARAGING ZIP	VALUE	DEDUCTIBLE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

TRAILER INTERCHANGE/NON-OWNED TRAILER INFORMATION

Trailer Interchange needed: **Yes** **No**

*Include a copy of the Trailer Interchange Agreement.

# OF POWER UNITS UNDER AGREEMENT	# OF TRAILER DAYS PER POWER UNIT PER YEAR	MAXIMUM TRAILER VALUE	DEDUCTIBLE
		\$	\$

1. Do you interchange trailers under a written trailer interchange agreement? Yes No How many trailers are interchanged? _____
2. Do you haul empty containers or freight in sealed containers? Yes No What percentage of loads? _____
3. Is the Uniform Interchange Intermodal Endorsement (UIIE) required? Yes No Provide Applicant's IIA Equipment Provider List Form 5C.

Non-Owned Trailers

NUMBER OF TRAILERS NEEDED	MAX RADIUS	GARAGING ZIP	VALUE	DEDUCTIBLE

TRUCKERS GENERAL LIABILITY COVERAGE SELECTION:

This is for businesses solely involved in "for-hire" transportation of property.

Yes (complete included application)

No

MOTOR TRUCK CARGO COVERAGE SELECTION:

Select Desired Form:	Standard	Owner's Goods
Limit Per Vehicle \$	Deductible Desired: \$	
Additional coverage Desired:	Refrigeration Breakdown: \$2,500 deductible Y N	Terminal Coverage: Y N Limit: \$

HISTORICAL DATA:

List revenue, mileage, and average number of units estimates for prospective policy year.

FROM	TO	INSURANCE COMPANY	REVENUE	MILEAGE	AVERAGE # OF POWER UNITS	PREMIUM
ESTIMATED NEXT TWELVE MONTHS:						

LOSS PAYEE INFORMATION

	NAME	ADDRESS	CITY/STATE/ZIP	AI-LESSOR Y/N	LAST 6 DIGITS OF VIN
1.					
2.					
3.					
4.					
5.					

*if additional loss payees are required attach a separate schedule

LOSS INFORMATION

Prior Carrier (if applicable): _____
Losses in last 5 years? Yes No If Yes, complete table below

PRIOR CARRIER	NUMBER OF CLAIMS	TOTAL PAID (INCLUDING RESERVE)	COVERAGE TYPE OF CLAIM (AUTO, GL, ETC)

Attach 5 year loss runs valued within 90 days of proposed quote date.
Explanation required for any loss \$25,000 or higher (date of loss, driver, location, details of accident, etc.)

ADDITIONAL QUESTIONS:

1. Name and title of person in charge of safety: _____
2. How often are Safety meetings held? _____
3. What is applicant's policy regarding driver attendance in safety meetings? _____
4. Is there a driver award/bonus plan? Yes No If Yes, describe: _____
5. Is there an accident review board? Yes No If No, who reviews accidents? _____
6. Does applicant permit any non-employee passengers? Yes No If Yes, explain: _____
7. Does applicant have a driver's handbook? Yes No If Yes, attach copy.
8. Does applicant have a written safety program? Yes No If Yes, attach copy.
9. Does applicant have a written vehicle maintenance program? Yes No If Yes, Attach copy.
10. On what regularity are vehicles serviced? _____
11. Are maintenance records filed and retained on site? Yes No If No, explain: _____
12. Is MVR reviewed prior to driver hire or lease? Yes No If Yes, explain procedure: _____
13. How often are MVRs reviewed after driver hire or lease? _____
14. Who reviews MVRs? _____
15. Minimum age of driver prior to hire or lease? _____
16. Minimum truck driving experience required prior to hire or lease? _____
17. What MVR violation(s) disqualify a driver prospect? _____
18. What MVR violation(s) will cause dismissal? _____
19. Current DOT safety rating and rating date: _____
20. Have you ever had authority lost or withdrawn? (ICC/PUC) Yes No If Yes, describe: _____
21. Have you been or are now on probation by any regulatory agency? (ICC/PUC) Yes No If Yes, describe: _____
22. List all currently used Treatment, Storage & Disposal facilities including permit numbers/locations. _____
23. Is there any direct fueling of watercraft, vehicles, or aircraft? Yes No If Yes, please explain: _____
24. Does applicant select disposal site for hazardous materials? Yes No If Yes, please explain: _____
25. Does applicant plan to operate 24/7? Yes No
26. How and where are company vehicles decontaminated? _____
27. Who authorizes hazardous materials manifests and is this a full-time position? _____
28. Does applicant have a carrier security guideline in place? Yes No If Yes, attach a copy with bind request.
29. Indicate which of the following the applicant utilizes:
 - Adaptive Cruise Control
 - Speed Governors
 - Telematics (describe): _____
 - Lane Change Departure System
 - On-Board Video Monitoring System
 - Other Active Safety Controls (describe): _____
30. Do you loan or rent any of your equipment to others? Yes No If Yes, explain: _____
31. Do you interchange equipment with other carriers? Yes No If Yes, give details: _____
32. Is any specialized equipment attached to any unit? Yes No If Yes, describe: _____
33. Does the company allow personal use of company vehicles? Yes No
 - a. Is there a written policy regarding personal use? Yes No
 - b. If yes, is it signed by each driver? Yes No
34. Does applicant ever operate outside of U.S.? Yes No If Yes, describe: _____
35. Does the applicant do any residential delivery? Yes No If Yes, describe: _____
36. Does applicant carry workers compensation coverage? Yes No If Yes, limit: _____

DRIVER INFORMATION SHEET

DRIVER INFORMATION – MVRs required for all drivers and owners

#	EMPLOYEE OR OWNER OPERATOR	NAME	DATE OF BIRTH	DATE OF HIRE	STATE	LICENSE NUMBER	YEARS OF EXP	UNIT DRIVEN
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

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

Does applicant own/lease any power units not on vehicle schedule? Yes No

If Yes, give details: _____

FILING INFORMATION:

Name and address as it appears on filings

(Application must match SAFER and state filings):

Name: _____

Address: _____

City, State, ZIP: _____

State Specific ID # (IL, NM, OK, PA) _____

TX Certificate # _____

CA MC # _____

CA DTSC Yes No

Do you hold broker authority? Yes No If Yes, provide the DOT # _____

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

Have you ever filed for Bankruptcy or are currently in Receivership? Yes No If Yes, explain: _____

Have you ever had insurance for this type of operation **canceled, declined or renewal refused?** Yes No

If Yes, explain: _____

ADDITIONAL ITEMS REQUIRED:

Fleet accounts require current financial statements

Interstate operations require last 4 quarters of IFTA mileage reports

Driver's Handbook

Written safety and maintenance programs

Spill prevention/response plans

Vehicle inspections for older power units and trailers

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 agencies.

NOTICE TO DELAWARE APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 of the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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, 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.

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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application with deceptive and materially false information in order to gain acceptance of the risk by the Insurer, or files a claim for insurance containing any false, deceptive, or misleading material information may be 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 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE AND VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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 statements 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: _____

Insured Signature _____ Date: _____