



## HAZARDOUS TRANSPORTATION LIABILITY & PHYSICAL DAMAGE APPLICATION

### GENERAL INFORMATION

Applicant						Effective Date:
Mail Address	Street/P.O. Box	City	County	State	Zip Code	
Location Address Garaging	Street	City	County	State	Zip Code	Phone
1)						
2)						
Inspection Contact		FEIN#			Business is: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Sole Owner <b>YEAR STARTED BUSINESS:</b>	

### UNDERWRITING INFORMATION

Radius by % >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:				
<b>Description of Operations:</b>				
List Hazardous Commodities by %				
List Commodities Hauled by %		Does Applicant use trip leasers? Yes      No      If Yes, % of retained revenue per trip _____		

### COVERAGE AND LIMITS REQUESTED

1. Liability Limits Combined Single Limit : \$ _____
Additional Insureds: Yes      No Waiver of Transfer of Rights: Yes      No
Hired Auto Liability: Yes      No      Annual Cost of Hire must be provided to include the coverage: \$ _____ 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 Insurance? Yes      Limit Requested \$ _____ Personal Injury Protection No
4. Do you desire Medical Payments? Yes _____ Limit _____ No
5. Do you desire Physical Damage? Yes      No Minimum Deductible: Heavy/Extra Heavy/Trailer      Comp \$5,000      Collision \$5,000 Light/Medium/PPT      Comp \$1,000      Collision \$1,000
If fleet physical damage coverage is written describe security and protection, i.e. fenced and/or lighted lot, stored in building, security guard, etc.

### FEI Insurance Program Managers

2000 South Colorado Blvd, Tower II, Suite 800, Denver, Colorado 80222  
Phone: (303) 534-1171 (800) 377-4152 Fax: (303) 623-8101

## 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	MAX RADIUS	GARAGING ZIP	STATED AMOUNT	COST NEW	OWNER OP (Y/N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

## LOSS PAYEE INFORMATION

	NAME	ADDRESS	CITY/STATE/ZIP	AI-LESSOR Y/N	VEHICLE ID
1.					
2.					
3.					

\*if additional loss payees are required please attach a separate schedule

## 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: \$

**Truckers General Liability Coverage Selection:** This is for businesses solely involved in "for-hire" transportation of property

Limits:	\$1,000,000 per occurrence	\$2,000,000 aggregate
Fire Legal: \$100,000	Medical Payments: \$5,000 or \$	
Misdelivery of Liquid Products: Yes No	Additional Insureds: Yes No	Waiver of Transfer of Rights: Yes No
Miscellaneous coverages requested:		
Employee Benefits Liability	Limit: \$1,000,000	# of employees
Employers Liability (Stop Gap)	Available only in ND, OH, WA and WY	Yes No
\$500,000 Bodily Injury by accident – each accident	\$500,000 Bodily Injury by Disease each employee	\$500,000 Bodily Injury by Disease each Policy

Non-driver payroll: \$ \_\_\_\_\_

## 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: \_\_\_\_\_

Do you hire any equipment? Yes No If Yes, what is the estimated annual cost of hire? \$ \_\_\_\_\_

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 \_\_\_\_\_

### **Historical Data: 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	Premium
NEXT TWELVE MONTHS	Est. Rev.:	Est. Miles:	Est. Units:	Target:	

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-Liquefied Compressed Gas				
9.	Liquefied Compressed Gas				
10.	Compressed Gas in Solution				
11.	Flammable Gas				
12.	Non-Flammable Gas				
13.	Poisons A	Coverage is not available within program			
14.	Poisons B	Coverage is not available within program			
15.	Irritating Material				
16.	Etiologic Agent (microorganisms and microbial toxins, viruses, etc)	Coverage is not available within program			
17.	Radioactive Material	Coverage is not available within program			
18.	ORM -- Other Related Materials - describe				
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	51-200 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)		

**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, attach copy.
10. Does applicant have a written safety program? Yes      No      If Yes, attach copy.
11. Does applicant have a written vehicle maintenance program? Yes      No      If Yes, Attach copy.
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 Carrier Security Guideline in place? Y      N      If Yes, attach a copy with bind request.

## FILING INFORMATION

Please check off all states that you currently need a filing in: If the insured has a file number, etc with the state, please advise the state and the number in the space below to avoid the filing being rejected.

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

USDOT# \_\_\_\_\_

Name and address as it appears on filings:

MC # \_\_\_\_\_

\_\_\_\_\_

State Specific ID # \_\_\_\_\_

\_\_\_\_\_

Do you hold broker authority? Yes No If Yes, please provide the DOT # \_\_\_\_\_

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

## LOSS INFORMATION

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)

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## ADDITIONAL ITEMS REQUIRED:

Fleet accounts require most current financial statements

Long Haul accounts require last 4 quarters of IFTAs

### Required within 20 days of binding:

Driver's Handbook, written safety and maintenance programs, spill prevention/response plans, vehicle inspections for older power units and trailers

Have you ever filed for Bankruptcy or are currently in Receivership? Yes No If Yes, explain fully \_\_\_\_\_

Have you ever had insurance for this type of operation canceled, declined or renewal refused? Yes No If Yes, explain fully \_\_\_\_\_

**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 ARKANSAS, LOUISIANA AND 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 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 Agencies.

**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 in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the 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 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 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 PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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.

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: \_\_\_\_\_

Insured Signature \_\_\_\_\_ Date: \_\_\_\_\_