

TRANSPORTATION POLLUTION LIABILITY APPLICATION

I. APPLICANT INFORMATION

1.1 Applicant (Proposed Named Insured):	1.4 Date:
1.2 DBA Name(s):	1.5 Website:
1.3 Address: City, State, Zip:	1.6 Phone:
	1.7 Email:

II. COVERAGE

2.1 What is the requested Effective Date for Transportation Pollution Liability (TPL) coverage?

2.2 Is this New Business or are you seeking a Renewal Policy? New Business Renewal

2.3 Please indicate below the limits of liability and deductible requested:

Coverage	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date (if applicable)
TPL	\$ Each Pollution Incident/Claim \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	

2.4 Please indicate your **Existing Coverage*** and complete the table below:

Complete details for your current insurance coverage:

Coverage	Effective Date	Expiration Date	Carrier	Premium	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date
TPL				\$	\$ Each Pollution Incident/ Claim \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
Commercial Auto				\$	\$ Per Person (BI) \$ Per Accident (BI) \$ Per Accident (PD)	\$	N/A	N/A

***PLEASE ATTACH THE DECLARATIONS PAGE FOR YOUR CURRENT INSURANCE COVERAGE.**

2.5 Has any policy or coverage listed been declined, cancelled and/or non-renewed during the prior three years? Yes No
If yes, please explain:

2.6 Please list other coverages and endorsements that Applicant is requesting:

III. BASIC INFORMATION

3.1 Are motor vehicle reports (MVRs) obtained by Applicant for all drivers, prior to hire? Yes No

3.2 How often are the MVRs rechecked by Applicant for each driver? Monthly Semi-annually Annually

3.3 Does Applicant haul or transport materials for clients, customer or any other parties? Yes No

3.4 Does each driver provide Applicant with proof that they have a valid Commercial Driver License (CDL)? Yes No

3.5 Do drivers travel interstate? Yes No

3.6 Does Applicant's Commercial Auto Insurance comply with requirements of applicable state law? Yes No

3.7 Is Applicant subject to Federal Motor Carrier Safety Administration (FMCSA) Safety Regulations? Yes No

If yes, does Applicant maintain compliance with such FMCSA regulations and all applicable U.S. Department of Transportation (DOT) safety requirements concerning:

a. Controlled Substances and Alcohol Testing of all persons required to possess a CDL;	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Driver Qualifications (including Medical Exams);	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Driving of Commercial Motor Vehicles; Parts and Accessories necessary for safe operations;	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Hours of Services;	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Inspection, Repair, and Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRANSPORTATION POLLUTION LIABILITY APPLICATION

IV. LOSS EXPERIENCE

Please provide your insurance and loss information for the past five (5) years. Provide totals numbers for each year. The total number of all losses should include both insured losses and uninsured losses.

4.1 Auto Liability Coverage				
Year	Carrier	Annual Premium	Annual Losses	Number of Losses
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

4.2 Transportation Pollution Liability Coverage <input type="checkbox"/> N/A				
Year	Carrier	Annual Premium	Annual Losses	Number of Losses
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

INSURANCE COMPANY LOSS RUNS MUST BE PROVIDED. INCLUDE EXPLANATIONS AND COPIES OF ACCIDENT AND POLICE REPORTS.

V. SCHEDULE OF VEHICLES

Please provide the information requested for each vehicle type that is used for Applicant's business.

5.1	Type of Vehicle	Total Number	Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Vin Number	Radius Traveled (Miles)	Cargo – Use Cargo Types Listed in 6.1
	Private Passenger Autos						<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> More than 100	
	Pickup Trucks						<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> More than 100	
	Vans						<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 Trucks						<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> More than 100	
	Garbage Trucks						<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> More than 100	
	Vacuum Trucks						<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> More than 100	
	Tractor Trailer Units						<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> More than 100	
	Trailers – Not Attached to Tractor						<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> More than 100	
	Other (describe):						<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> More than 100	

TRANSPORTATION POLLUTION LIABILITY APPLICATION

VI. CARGO TRANSPORTED

6.1 Types of Cargo – Check all that are transported by Applicant

<input type="checkbox"/> Acetylene, Oxygen, and 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 and 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 with 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 with liquids more than 500 gallons	<input type="checkbox"/> Pipe Slag and 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 and 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 – Hazardous
<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 and 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 and Treatment Plant Waste/Portable Toilet - Bulk
<input type="checkbox"/> Electrical Motors	<input type="checkbox"/> Mail Packages	<input type="checkbox"/> Sewage and 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 and Treatment Plant Waste/Portable Toilet - Liquid
<input type="checkbox"/> Fertilizers – Liquids more than 500 gallons	<input type="checkbox"/> Non-flammable Liquids – Hazardous/ 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, and Equipment	<input type="checkbox"/> Non-flammable Liquids – Non-hazardous/ Drummed Liquids	<input type="checkbox"/> Soap Detergents, Waxes – Packaged Solids
<input type="checkbox"/> Fire Extinguishers and 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 – Hazardous/ 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 and empty
<input type="checkbox"/> Garbage – Household and Office	<input type="checkbox"/> Oil Field Drilling Fluids, Oil-based liquids 500 gallons or less	<input type="checkbox"/> Wood, Timber, Sawdust, Bark

TRANSPORTATION POLLUTION LIABILITY APPLICATION

<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 (describe):
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VII. CLAIMS/CIRCUMSTANCES

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below.

PLEASE PROVIDE FIVE (5) YEARS OF LOSS INFORMATION WHEN SUBMITTING THIS APPLICATION.

7.1	Has any claim, suit, regulatory investigation or proceeding or other proceeding or notice of incident been made against any proposed insured or any employee, contractor or staff member of any proposed insured, in the last five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.2	Has Applicant received any notices of actual or potential violations, citations, fines, penalties, complaints, or enforcement or regulatory actions in any way relating to Applicant’s work or operations, in the last five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.3	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.4	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed insured for environmental damage, bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.5	Has any driver currently retained by Applicant ever had their Commercial Driver’s License (CDL) suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.6	Has Applicant or any proposed insured ever paid out more than \$25,000 for any one claim or loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you responded “Yes” to any of the above questions in this section, please provide full details in an attachment to this Application.

NOTICE: The policy applied for, if issued, will not insure: any claim, suit, regulatory investigation or proceeding or other proceeding or incident disclosed, or which should have been disclosed, in response to the above; or any claim, suit, regulatory investigation or proceeding or other proceeding that arises from any event, fact, circumstance, situation, demand, act, error or omission disclosed, or which should have been disclosed in response to the above.

VIII. FRAUD WARNINGS

**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 and subjects that person to criminal and civil penalties.
(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).**

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

APPLICABLE IN CO

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.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

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 or 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.

APPLICABLE IN KY, NY, OH AND PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

TRANSPORTATION POLLUTION LIABILITY APPLICATION

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

IX. REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Company are accurate and complete;
- b. Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Company to provide a premium proposal;
- d. If a policy is issued, the Company will have issued this Policy in reliance upon those representations;
- e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and
- f. The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.

As used above, the term "Company" refers to Capitol Specialty Insurance Corporation.

NOTHING IN THIS SUPPLEMENTAL APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

This Supplemental Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Supplemental Application.

Signature of Authorized Representative of Applicant

Title

Type / Print Name of Authorized Representative

Date

Producer Signature

Date