

**ENVIRONMENTAL MOTOR VEHICLE
 POLLUTION LIABILITY APPLICATION**

PLEASE ANSWER ALL QUESTIONS IN FULL

If more space is needed to complete a question, please attach a separate page.

SECTION II - REQUESTED COVERAGE			
Applicant:			
Address:			
City:	State:	Zip Code:	Phone:
Website:			Fax:
Contact Name/Title:			
Email:			
Company Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual <input type="checkbox"/> Other (please describe)			
SECTION III - REQUESTED COVERAGE			
<input type="checkbox"/> New <input type="checkbox"/> Renewal			
Effective Date	Limits of Liability	Deductible	
	\$ / \$	\$	
Other Coverages (list):			
Endorsements (list):			
SECTION III - CARGOS TRANSPORTED (check YES to all that apply)			
Asbestos Containing Material	<input type="checkbox"/> Yes <input type="checkbox"/> No	Herbicides - Solid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bio diesel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insecticides - Liquid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contaminated Soil	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insecticides - Solid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lab Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lab Packs - Medical Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead Containing Material	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explosives (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fertilizer (Bulk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paint, Paint Thinners	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fertilizer (Liquid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Petroleum Products - Packaged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gasoline, Diesel Fuel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Radioactive Material	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recycled Materials - Non Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Chemical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Materials - Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Herbicides - Liquid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Welding Supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or Cargo type not described above.			

SECTION IV - GENERAL INFORMATION

1) Are motor vehicle reports obtained on all drivers prior to hire? Yes No

2) How often are motor vehicle reports rechecked?

3) Do you haul or transport materials for others? Yes No

SECTION V - VEHICLE BREAKDOWN

Vehicle Schedule:	Number Of Units	Radius of Operations	Cargo Transported	Bulk Liquids
Private Passenger Autos				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pickup Trucks				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vans (All)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Stake / Flat Bed Trucks				<input type="checkbox"/> Yes <input type="checkbox"/> No
Dump Trucks				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vacuum Trucks				<input type="checkbox"/> Yes <input type="checkbox"/> No
Tractors				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trailers				<input type="checkbox"/> Yes <input type="checkbox"/> No

1) If Yes is selected above for Bulk Liquids, please list the capacity of the container(s) that they are transported in.

SECTION VI - CLAIM INFORMATION (5 Year Loss Run Required)

1) Has any claim, suit or notice of incident been made against the applicant or any staff member?
If Yes, please provide full details on each incident. Yes No

2) Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against the applicant, the firm, predecessors in business, any of the present or past partners or officers, or any staff member? *If Yes, please provide full details on each incident.* Yes No

SECTION VII - ADDITIONAL REQUIRED APPLICATION MATERIALS

- Attach completed copy of Acord Auto Application.
- Attach Vehicle Schedule.
- Motor Vehicle Records (MVRs) for all drivers.
- Insurance Carrier Automobile Loss Runs (Five years currently valued).
- Currently valued Insurance Carrier Loss Runs evidencing any auto-related (including loading/unloading) pollution loss activity.
- For Hazardous Materials, copies of Material Safety Data Sheets (MSDSs).

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. 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.

FRAUD WARNING - APPLICABLE TO APPLICANTS IN 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 such violation.

NOTICE TO APPLICANTS

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. It is understood that the terms "applicant" and "company" are used throughout this application and are defined to include the applicant, company, or any affiliated, related predecessor entity. 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.

By signing this Application you agree to conduct electronic commerce and to accept an electronic policy and other documents issued by Everest. You may always request a written policy.

Print Name:

Signature: _____

Title:

Date: