

# ABS Transportation Pollution Liability

For use in applying for the following coverages / products:

***Monoline Pollution:***

- Transportation Pollution Liability (TPL)

**Instructions:**

- a. Please answer all questions.
- b. If space is insufficient, attach additional sheets of paper.
- c. Have this application signed and dated by an authorized owner, partner or director of the proposed First Named Insured. Attach a list of Insured(s) to be covered under this policy, relationship to the Applicant and/or an organizational chart.
- d. The following items must be included for a complete submission:
  - i. Schedule of Fleet (or complete schedule within application).
  - ii. List of subsidiaries or related entities also requesting coverage
  - iii. Currently valued general liability, auto liability and pollution liability loss runs (if applicable) for the past five years
  - iv. Audited financial statements or 10-Ks for the previous two fiscal years
  - v. Any contracts with third party vendors responsible for hauling product on your behalf.

Section 1: Applicant Information			
Applicant			
Address			
City	State	Zip	
Year Established	Website		
Contact Name		Contact Title	
Contact Phone		Contact Email	
Company is a(n)	Individual	Partnership	Corporation
		Joint Venture	Other

**List All Named Insureds/Subsidiary Companies for Which Coverage is Requested**

Named Insured/Subsidiary	Description of Operations	Revenues

Section 2: Coverage Requested
Proposed Effective Date

Existing Coverage	
Limits	
Deductible (Check if Self-Insured Retention )	
Claims Made Retroactive Date (if applicable)	
Carrier	
Premium	

Requested Coverage	
Limits	
Deductible (Check if Self-Insured Retention )	
Claims Made Retroactive Date (if applicable)	

**Section 3: Operations**

**1. Describe in detail, the applicant’s operations as well as the type of cargo transported:**

**2. Vehicle Characterization**

Vehicle Type	# of Vehicles with de Minimis or No Materials Hauled	Number of Vehicles Used to Haul Hazardous/Petroleum or Non-Hazardous Material					
		Gas		Solid		Liquid	
		Haz/Petro	Non-Haz	Haz/Petro	Non-Haz	Haz/Petro	Non-Haz
Private Passenger							
Trucks	Light						
	Medium						
	Heavy						
	Extra Heavy						
Truck/Tractor	Heavy						
	Extra Heavy						
Tanker Truck							
Trailers	Service						
	Semi						
Railcar							
Watercraft	Small						
	Large						
Aircraft							

### 3. Containment of Cargo

Type of Cargo		% of Cargo
Bulk:	Cargo is loaded into or onto the conveyance without any primary containment (tanker trucks, dump trucks, etc.)	
Container:	Cargo has its own primary containment drums, totes, cans, boxes, or other similarly sealed units.	
Mix:	Different types of 'containerized' materials/cargo shipped by same conveyance at the same time.	
Does the applicant ever transport pressurized cargo?		Yes    No
<ul style="list-style-type: none"> <li>If yes, what is percentage of cargo transported is pressurized?</li> </ul>		

### Section 4: Driver & Fleet Information/Controls

#### Driver Details

Number of drivers employed full-time (35+ hours/week):					
Number of drivers employed part-time (<35 hours/week):					
Number of Owner-Operators used:					
<b>Does the driver selection process include:</b>					
Written application?	Yes	No	Reference checks?	Yes	No
Written test?	Yes	No	Motor vehicle record checks?	Yes	No
Road tests?	Yes	No	Physical exam?	Yes	No
Substance abuse?	Yes	No	Other? (Describe below)	Yes	No
Have any drivers been convicted of DUI, DWI, or reckless driving in the prior five (5) years? (If yes, describe below.)				Yes	No

Does the applicant have a minimum experience requirement for drivers? (If yes, describe below.)	Yes	No
Are Owner-Operators required to comply with the applicant's fleet training and maintenance programs?	Yes	No
Describe Driver Training and Frequency		

**Fleet Details**

Do you use third parties to transport materials on your behalf? If yes, please include your standard contract used with any third-party transporter.)	Yes	No
Are vehicles equipped with emergency response spill kits?	Yes	No
Is there a vehicle maintenance protocol? (If yes, please describe maintenance protocols and frequency.)	Yes	No
Are loaded vehicles left for a period in excess of 24 hours at a location other than a facility owned, operated or leased by an applicant?	Yes	No
What is average length of trip?	0-50 Miles	
	51-100 Miles	
	101-250 Miles	
	251-500 Miles	
	500 Miles +	

**Section 5: Other Coverage**

**Automotive Liability Coverage**

Total Auto Liability Coverage purchased, including all excess/umbrella policies	\$
Does the Auto Liability Policy include the MCS-90 Endorsement?	Yes No
Does the Auto Liability Policy include the CA9948 Endorsement?	Yes No

**Section 6: Claims**

During the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental regulations? (If Yes, please provide details.)	Yes No
During the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental regulations? (If Yes, please provide details.)	Yes No
Provide a brief description of the claim(s) and their disposition for all claims made against the applicant during the past 5 years for clean-up or response action, toxic tort or other bodily injury or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from i.) any insured location, ii.) covered operations/your work, iii.) non-owned locations, and/or iv.) transportation.	None to Report
At the time of signing this application, is the applicant's manager or supervisor responsible for environmental affairs, control or compliance or any officer, director, or partner of the applicant aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against the applicant for environmental clean-up, or for bodily injury or property damage arising from the release of pollutants into the environment? (If Yes, please provide details.)	Yes No

**Section 7: Fraud Warning**

It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy. If an order is received, the application is attached to the policy, so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES BELOW:

**NOTICE TO APPLICANTS OF CANADA, AS WELL AS ALL U.S. JURISDICTIONS EXCEPT CALIFORNIA, COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, TENNESSEE, VERMONT, VIRGINIA AND WASHINGTON:** 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 MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSES OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

**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 FOR 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 NOTICE TO FLORIDA 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 OF THE THIRD DEGREE.

**NOTICE TO 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 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.

**NOTICE TO KENTUCKY, OHIO AND PENNSYLVANIA 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO LOUISIANA 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 MAINE 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 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 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 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 SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

**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 VERMONT APPLICANTS:** 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.



**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.

**Section 8: Warranty Statement**

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

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE.** The applicant’s acceptance of the insurer’s Proposal and the insurer’s written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued and will be attached to the policy and made a part thereof.

All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

If an order to bind coverage is received, the application will be attached to the policy, so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the insurer's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process.

The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the insurer.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant 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.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

Applicant

Signature of Owner or Officer

Date

Print Name

Title