



114 W Magnolia St. Ste 505, Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

HAZARDOUS MATERIALS TRANSPORTATION SUPPLEMENTAL

If hazardous materials are hauled, this form must be completed in addition to the BU Auto application.

Date: _____

Insured: _____ Producer: _____

1. Exposure

1. Please provide a specific description of all hazardous materials/substances transported or handled:

| <u>Material Description & Shipping Name</u> | <u>Hazard Class or Division (1-9)</u> | <u>Identification Number</u> | <u>Maximum Quantity Carried per Vehicle</u> | <u>Method of Containment or Packaging</u> |
|---|---------------------------------------|------------------------------|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

2. What proportion (% or miles) of the insured's total truck miles are involved with the following operations:

- A. LTL Delivery of hazardous materials within a 100 mile radius _____
- B. Truckload transport of hazardous materials within a 100 mile radius _____
- C. Truckload transport of hazardous materials greater than 100 mile radius _____
- D. Deadhead miles for vehicles utilized in the transport of hazardous materials _____
- E. Transportation of other than hazardous materials _____

3. On average, what percentage of any given load is comprised of hazardous materials? _____%

2. Operations

1. Does the insured repair or service any hazardous materials containment vessels including tanks, barrels, drums, bladders, hoppers or any other storage containers? Yes No

If "Yes," please describe: _____

2. Do truck drivers load or unload hazardous materials from the vehicles? Yes No

If "Yes," what does this involve? _____

3. Does the insured ever carry hazardous materials in a vehicle or trailer that might also be used to carry a food product or other consumable at another time? Yes No

If "Yes," what process is used to clean and test the containment vessel? _____

4. How often are your vehicles and hazardous materials containment vessels tested? _____

By whom? _____

5. Has the insured ever been involved in any accident where a reportable quantity of a hazardous material was released? Yes No

If "Yes," please describe in detail including any loss amounts paid: _____

6. Does the insured operate a tank washout facility? Yes No



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2. Operations (cont.)

7. Please note which of the following items are kept in each vehicle that is used in the transport of hazardous materials

- A. Fire extinguisher of the type needed for the commodity carried? Yes No
- B. Emergency response guidebook? Yes No
- C. Spill containment kit? Yes No
- D. Accident recording and reporting documents, i.e. what to do in an accident including who to call and other specific instructions on how to proceed? Yes No
- E. Body suit or other protective clothing? Yes No
- F. Other _____ Yes No

3. Employees

1. What are your minimum standards for drivers?

| | <u>New Hire Drivers</u> | <u>Existing Drivers</u> |
|--|-------------------------|-------------------------|
| A. Age of driver? | _____ | _____ |
| B. Years experience with like commodity and equipment? | _____ | _____ |
| C. Total accidents and citations on MVR? | _____ | _____ |
| D. Education, certification and training? | _____ | _____ |
| E. Other _____ | _____ | _____ |

2. Driver Training – Please note any of the following training that you require your drivers to receive

| <u>Driver Training</u> | <u>Where do they receive the training?</u> | <u>How often must they receive training?</u> |
|---|--|--|
| Defensive Driving techniques | _____ | _____ |
| Preparation, execution and use of shipping documents | _____ | _____ |
| Hazardous materials packing, handling, labeling and placarding procedures | _____ | _____ |
| Spill containment and public safety procedures | _____ | _____ |
| Laws relating to the transportation of hazardous materials | _____ | _____ |
| Other: _____ | _____ | _____ |



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4. Insured/Producer Signature

APPLICANT PLEASE READ

FRAUD WARNING:

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.

Applicable in PR

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.

APPLICANT'S STATEMENT: By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____