



**Instructions**

- Please print clearly or type.
- If additional space is needed to answer any question, attach details on a separate sheet using the first Named Insured's letterhead and reference the applicable section number.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the first Named Insured.
- Answer all questions completely. If any question(s) does not apply, enter "N/A" in the space provided.

**Request (select one)**

☐ New

☐ Renewal

☐ Endorse

**Section 1. Applicant Information**

Applicant Name or Named Insured			
Address			
City		State	ZIP
Name of Contact		Title	
Telephone		E-mail	
Fax		Website	
Federal Employee Identification Number (FEIN)	-	Company is	

**Section 2. Producer Information**

Producer			
Address			
City		State	ZIP
Contact		Title	
Telephone		Fax	
Email		Website	
Agency License Number		License State	

Section 3. Operations						
Description of Operations:						
1. Type of Collection:	Residential:	Commercial:	Construction:			
2. List number of vehicles by type:	Number of Front End Loaders:	Number of Rear Loaders:	Number of Side Loaders:			
Number of Roll-Off Vehicles:	Number of Recycle Vehicles:	Number of Box Vans:	Number of Service Trucks/Private Passenger Types:			
3. List number of tractors & semi-trailers:	Number of Truck Tractors:	Number of Box Trailers:	Number of Walking Floor Trailers:			
Number of End Dump:	Number of Roll-off Trailers:	Number of Flat Bed Trailers:				
					Yes	No
4. Do you any of your trips involve urban areas? (If yes, describe urban operations and % of operations)					<input type="checkbox"/>	<input type="checkbox"/>
Drivers					Yes	No
5. Do you use Owner/Operations? (If yes, list the percentage of your drivers who are Owner/Operators)					<input type="checkbox"/>	<input type="checkbox"/>
6. Must Owner/Operators meet same driver qualification criteria as company drivers?					<input type="checkbox"/>	<input type="checkbox"/>
7. Drivers:	Number of drivers:	Number of drivers <25 years of age:	Number of drivers >65 years of age:			
8. Number of new drivers hired in the last 12 months?		9. Minimum years of driving experience for new hires?				
10. Are selection and qualification standards for drivers in writing?					<input type="checkbox"/>	<input type="checkbox"/>
11. Are MVRs checked on all drivers? How often? Please describe:					<input type="checkbox"/>	<input type="checkbox"/>
12. Describe who reviews and approves MVRs						
13. When reviewing MVRs, what is the number of allowable violations/citations in the prior 3 years?						
14. When reviewing MVRs, what is the number of allowable accidents in the prior 3 years?						
15. When reviewing MVRs, what is the <i>combined</i> number of allowable violations/citations or accidents in the prior 3 years?						
16. What are the type of offenses which will result in an automatic driver disqualification?						
17. Is there a formal driver training program? If "yes", please describe:					<input type="checkbox"/>	<input type="checkbox"/>
18. Is there an accident investigation process? If "yes", please describe:					<input type="checkbox"/>	<input type="checkbox"/>
19. Who maintains and monitors the OSHA 300 Log?						
20. Is there a formal substance abuse policy? If "yes", please describe:					<input type="checkbox"/>	<input type="checkbox"/>
21. Is there a distracted driver policy? If "yes", please describe:					<input type="checkbox"/>	<input type="checkbox"/>
Vehicles					Yes	No
22. Is there a specific replacement policy for the vehicles?					<input type="checkbox"/>	<input type="checkbox"/>
23. Are there driver/vehicle management systems installed in the fleet? If "yes", please describe: Percentage of fleet equipped:					<input type="checkbox"/>	<input type="checkbox"/>
24. Are there back-up assistance systems driver/vehicle management systems installed in the fleet? If "yes", please describe: Percentage of fleet equipped:					<input type="checkbox"/>	<input type="checkbox"/>
25. Does the insured have their own facilities to maintain their vehicles?					<input type="checkbox"/>	<input type="checkbox"/>
26. Are mechanics FMCSR Certified? If No, please comment on how the insured monitors the maintenance of their vehicles.					<input type="checkbox"/>	<input type="checkbox"/>

Safety				Yes	No
27. Is a full-time safety director employed?				<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have a written safety program (Please describe or attach summary)				<input type="checkbox"/>	<input type="checkbox"/>
29. Are drivers responsible for loading and/or unloading of vehicles?				<input type="checkbox"/>	<input type="checkbox"/>
30. If the answer to question 29 is "yes", is loading and/or unloading done manually?				<input type="checkbox"/>	<input type="checkbox"/>
31. Does your operation require tarping or vehicles and/or trailers?				<input type="checkbox"/>	<input type="checkbox"/>
32. If the answer to question 30 is "yes", please describe percentage and type of tarping completed.	Automated tarping:	Semi-automated tarping:	Manual tarping:	Scaffold used for tarping	
33. If there is residential waste collection, are trucks equipped with automated loading devices? If yes, what percentage of fleet equipped with automated loading devices?				<input type="checkbox"/>	<input type="checkbox"/>
34. Do you have a "Return to Work" program in-place? Please describe:				<input type="checkbox"/>	<input type="checkbox"/>
35. Is there a formalized program for timely reporting of Workers Compensation claims?				<input type="checkbox"/>	<input type="checkbox"/>
36. Do you require pre-employment physicals?				<input type="checkbox"/>	<input type="checkbox"/>

## Section 7. Fraud Warning

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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 FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY 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.

**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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 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:** 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 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 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 RHODE ISLAND:** 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 TENNESSEE 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 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 WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

## Section 8. Notice to Applicant

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

**Applicant Signature**

**Printed Name**

**Title**

**Date**