



NATIONAL INTERSTATE INSURANCE®

ENVIRONMENTAL

3250 Interstate Drive, Richfield, OH 44286 Tel: (330) 659-8900 Fax: (330) 659-8905 www.natl.com

A Full Submission Includes:

- Applicable ACORDs
- Driver list
Show full name, date of birth, driver license number, state of license and date of hire
- Vehicle Schedule
Include age, make, model, complete VIN, stated or original cost new value, gross vehicle weight, ownership details and garaging location for each vehicle
- MVRs
Motor Vehicle Reports, run within the previous 45 days, should be provided for all drivers
- National Interstate Supplemental Application (if applicable)
- Financials (*Balance Sheet and Income Statement*)
- Safety Manual
- Narrative/Summary of Account

Coverages Requested:

- Auto Liability
- Property/Inland Marine
- Auto Physical Damage
- Workers' Compensation
- General Liability
- Excess Liability

Agent Information

Agency: _____

Producer: _____

Account Contact: _____

Policy Term: _____ to: _____

Submitting as Incumbent? Yes No

Quote Needed by: _____

For how many years? _____ years

AN INSURANCE EXPERIENCE BUILT AROUND YOU.



ENVIRONMENTAL

Waste Operations - Primary Application

Applicant Information

Business Name: _____ President: _____
 Doing Business As: _____ Operations Manager: _____
 Mailing Address: _____ Main Contact's Email: _____
 City: _____ ST: _____ Zip: _____ Loss Control: _____
 Phone Number: _____ Loss Control's Email: _____
 Website Address: _____ Email for Claims: _____

Corporation Partnership Sole Proprietorship LLC Municipality Other

FEIN: _____ MC Docket: _____ U.S. DOT: _____ RCRA Site ID: _____

Additional Named Insured (if any)	Relationship to First Named Insured

Years in Business: _____ years Years of Experience in Waste Management: _____ years

Has there been any operational changes in past 5 years? Yes No

Do you own/operate any of the following?

Landfill Yes No
 Material Recovery Facility Yes No
 Recycling Collection Center Yes No
 Transfer Station Yes No

Operations

Are you a member of any industry association? Yes No

Are you involved in any non-waste related operations? Yes No

Yard Waste Pickup Yes
 Snow Plowing Yes
 Street Sweeping Yes
 Other _____

Type of Operation	%
Residential Collection	
Commercial Collection	
Industrial Waste	
Liquid Waste	
C & D Debris	
Recycling	
Transfer Station to Landfill	
Other	
Total	0%

Radius	%
0-25 miles	
26-50 miles	
51-100 miles	
100+ miles	
Total	0%
Average Distance	miles
Longest Route	miles

Percentage of Routes	
1 Person	
2 People	
More than 2	
Total	0%

Do you haul hazardous Waste? Yes No
 What is being hauled? _____

Do you haul Interstate? Yes No
 In which states do you travel in? _____

Is waste transported directly to a Landfill or Transfer Station? Yes No
 Transfer Station Location: _____ Distance from garaging location: _____
 Landfill Location: _____ Distance from garaging location: _____

Are employees permitted to take company vehicles home at night? Yes No

Driver Information

Does applicant maintain driver files in full compliance with DOT regulations? Yes No
 Do you supervise routes? Yes No
 What percent of routes are subject to route supervision? _____ Type of supervision: _____
 Who administer driving hiring/training? _____ Title: _____
 Length of New Driver Orientation: _____
 Is training required for all drivers? Yes No
 What is the minimum required years of U.S driving experience? _____ years

In the past year how many drivers were:	Min. Experience/Age Information	Means of Compensation	Percentage of Drivers who are:
Hired: _____	Miles: _____	Hourly: _____	Union: _____
Terminated: _____	Driver Age: _____	Salaried: _____	Non-Union: _____
Suspended: _____	# Years with CDL: _____	Daily: _____	
		Load: _____	

Driver selection procedures include the use of: <i>(Check all that apply)</i>	<input type="checkbox"/> Written Application <input type="checkbox"/> MVR Check <input type="checkbox"/> Pre-Hire Physical <input type="checkbox"/> PATs (Physical Ability Testing) <input type="checkbox"/> Previous Employer Checks <input type="checkbox"/> Interview <input type="checkbox"/> Drug Test <input type="checkbox"/> Road Test <input type="checkbox"/> Written Test <input type="checkbox"/> PSP (Pre-Employment Screening Program) <input type="checkbox"/> Other
New driver hire orientation includes: <i>(Check all that apply)</i>	<input type="checkbox"/> Familiarization with equipment <input type="checkbox"/> Familiarization with routes <input type="checkbox"/> Familiarization with company rules <input type="checkbox"/> Training in handling commodities <input type="checkbox"/> Ride along with experienced driver <input type="checkbox"/> Other <input type="checkbox"/> Procedures for accident reporting

Are driver files updated at least annually with information including new MVRs? Yes No

Does entity have a formal, written Return to Work program? Yes No

How are driver's hours of service monitored? _____

Does entity have a written progressive discipline policy? Yes No

What disciplinary action is taken if/when drivers develop unacceptable records?

Owner/Operator Information

Do entity utilize owner/operators? Yes No How many? _____

Minimum Auto Liability limits to be maintained by owner/operators: _____

Are certificates of insurance kept on file as evidence of the owner/operator's limits of liability? _____

Is the owner/operator required to name you as an Additional Insured? _____

Maintenance Program - please attach copy if available

Is there a written maintenance program? Yes No

Total number of mechanics: _____

Name of Maintenance Manager: _____ yrs. with co. _____ yrs. in maint. _____

Maintenance program is provided for:	<input type="checkbox"/> Company Vehicles	<input type="checkbox"/> Vehicles (Owned by Others)
Vehicle Maintenance is:	<input type="checkbox"/> Internal	<input type="checkbox"/> External (body) <input type="checkbox"/> Both
Which of the following do you have?	<input type="checkbox"/> Parts Dept.	<input type="checkbox"/> Body Shop <input type="checkbox"/> Service Bays <input type="checkbox"/> Controlled Inspection Reports
Pre and post trip inspections are made:	<input type="checkbox"/> Every trip	<input type="checkbox"/> Daily <input type="checkbox"/> Other
How often are vehicles serviced?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed

Are brakes inspected pre-trip? Yes No

How long are maintenance records retained? 0-1 year 1-2 years 2-5 years 5-10 years 10+ years

What is your vehicle replacement policy? 1-2 years 2-5 years 5-10 years 10+ years As Needed

Do you use retreads? Yes No

If you do not have your own maintenance/repair facility, please describe your maintenance program:

Is there a refueling station onsite? Yes No

Do you have underground storage tanks (UST)? Yes No

Please provide the following UST insurance policy information:

Policy #: _____ Ins. Carrier _____ Effective Date: _____

Do you have above ground storage tanks (AST)? Yes No

How many? _____

Are AST's guarded by concrete-filled protective posts? _____

Is there secondary containment? _____

Is the capacity of secondary containment at least equal to a 25-year, 24-hour rainfall? _____

Does total capacity of all AST's that are greater than 55 gallons exceed 1,320 gallons? _____

If yes, Please provide copy of Spill Prevention Control and Countermeasure (SPCC) plan.

Safety - please attach copy of your written safety program

Name of Safety Director: _____

Yrs. w/co: _____

Yrs. in safety: _____

Percentage of time spent on safety: _____

Yes No

Are there written safety policies and procedures?

Do you have a safety award program?

Yes No

How often are safety meetings held?

Are safety meetings mandatory?

Yes No

Describe or attach documentation regarding the entities' approach towards dealing with drivers who have safety related issues:

Do you maintain an accident register?

Yes No

Do you conduct periodic accident analysis?

Yes No

Yes No

Do you allow use of mobile communication devices, such as cell phones, while driving?

Is the Smith System method of defensive driving utilized?

Yes No

Identify the percentage of vehicles that are equipped with the following:

Visible & audible alarms	Engine Monitoring	Eyewash Solution	Fender Spot Mirrors	Battery Disconnect	Fire Extinguishers	GPS	Rearview Camera	Accident Event Recorders	Spill Kits

General Liability

Do you work on miscellaneous equipment that is not owned by the entity?

Yes No

Do you lease property or mobile equipment to others?

Yes No

Do you sell any product(s) either wholesale or resale?

Yes No

Have you ever been named as a Potential Responsible Party (PRP) or otherwise been cited for illegal or unlawful dumping of waste?

Yes No

Are any of the following a part of your operation? *If so, please attach applicable National Interstate Supplemental Application.*

Incinerator
 Landfill
 Material Recovery Facility
 Transfer Station
 Waste to Energy
 Recycling Center

Historical Information

	Employee Information			Vehicles Used				
	# of Drivers	Payroll-Divers	Total # of Employees	# of Tractors	# of X-Heavy	# of Heavy	# of Medium	# of Light
Current Policy								
Previous Policy								
2nd Previous								
3rd Previous								
4th Previous								

Has your insurance been cancelled or non-renewed in last 5 years for non-payment or loss history? (Not applicable in State of MO) Yes No

Has your operating authority ever been suspended or revoked? Yes No

Do you currently haul noxious, caustic, toxic, flammable, or explosive commodities? Yes No

Has this entity, or any other entity under common ownership, filed for bankruptcy in the last 5 years? Yes No

Insurance Questions

Current Insurance	Premium	Deductible	Carrier	Limits
Auto Liability				
Auto Physical Damage				
General Liability				
Excess Liability				
Property/Inland Marine				
Workers' Compensation				

Current UM/UIM	Limits per person	Limits per Accident
Private Pass.		
Light/Service		
Heavy/X Heavy		

Do you currently purchase Environmental Liability insurance? Yes No
 Insurance company? _____

If requesting Hired/Non-Owned coverage, how many days per year do you rent units? _____ days

A copy of the Declarations page and schedule(s) of included endorsements from any policy that provides environmental liability coverage for your site(s) must be submitted with this application. Providing this information shall not constitute an application for such coverage from National Interstate Insurance Company.

Insurance Fraud Warnings

ALABAMA

Any person that 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.

ARKANSAS

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.

CALIFORNIA

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.

COLORADO

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 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.

DISTRICT OF COLUMBIA

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.

FLORIDA

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.

KENTUCKY

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.

LOUISIANA

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.

MAINE

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 denial of insurance benefits.

MARYLAND

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.

NEW JERSEY

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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.

NEW YORK

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.

OHIO

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.

OKLAHOMA

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.

PENNSYLVANIA

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

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.

TENNESSEE

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.

VIRGINIA

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.

WASHINGTON

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.

WEST VIRGINIA

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.

In the State of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

Applicant's Statement: Important - Read Before Signing

I, the undersigned applicant (Applicant), hereby applies for a policy of insurance as set forth in this Application on the basis of information and statements contained in the Application, all supporting and supplementary documents, and this Applicant's Statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and a part of the Application. The Application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the Application Materials. If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That Insurers receipt and consideration of the Application Materials, by National Interstate and it's subsidiaries (Insurer) does not obligate Insurer to provide a quotation for insurance to Applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the Insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That coverage can be bound only by Insurer's authorized representative.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by Insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to Insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by Insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide applicable information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. If Insurer obtains such reports, Insurer will provide information required by law to Applicant.

Any person, who knowingly and with intent to defraud any insurance company or other person, files and Application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant

Signature of Officer / Manager or Named Insured

Full name & Title

Company

Date

Producer

Producer Signature

Full Name

Company

Date