

PORTABLE SANITATION SUPPLEMENTAL APPLICATION



140 2nd Street, Suite 230 | Petaluma, CA 94952 | (888) 744-9810 | www.tangramins.com

Applicant Name:	Insured's Website:
Requested Effective Date:	

SUMMARY OF OPERATIONS:

Please provide a narrative of the Insureds operations (Include all entities and reference entities to be excluded, if any):

Years in business:	Number of employees:	Years current management has been in place:
Does the applicant/business owner currently own any other entities or operate any other businesses? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.		

Name of Entity	Description of Operations	% of Ownership	Separately Insured	
			Yes	No

AUTOMOBILE INFORMATION:

Does the insured have a formal written driving policy in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the following driver qualification criteria included?		
1. Drivers hold a valid United States driver's license and are at least 21 years old.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Drivers have the appropriate license (and endorsement) to operate the vehicle.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. CDL drivers are at least 23 years of age.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Within the last five years, no major violations have occurred.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
These include:		
Driving while intoxicated (DWI)	Driving under the influence of drugs (DUI)	Aggravated assault with a motor vehicle
Vehicular homicide, manslaughter, or negligent homicide arising out of the use of a motor vehicle		Speed contest or drag racing
Using a motor vehicle in the commission of a felony	Hit and run driving or leaving the scene of an accident	
Failure to report or making a false report of an accident	Reckless or negligent driving or conduct	Using a fraudulent license
Refusing to stop or fleeing from a law enforcement officer	Driving with an invalid, revoked, or suspended license	
5. Within the last three years, no more than one suspension of driving privileges that exceeds 60 days (cumulatively or continuously);	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Must not require a filing (e.g., FR-19, FR-44, or SR-22) to maintain driving privileges;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Drivers under 23 years old must have clean driving records and may not take vehicles home;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Drivers over 75 years of age with a commercial driver's license must have a valid medical certificate;	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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AUTOMOBILE INFORMATION CONTINUED:

% radius of operations within:	0-50 miles	%	51 - 200 miles	%	Over 200 miles	%	Furthest Insured will travel:	miles
Are speed regulators used on any heavy trucks?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is GPS telematics being utilized in any capacity?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what percentage of the fleet is protected?							%	
Are front-facing, rear-facing, or dual vision cameras installed within the vehicle? Circle all that apply.							Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what percentage of the fleet is protected?							%	
What alerts are sent (i.e. hard stop, speeding, etc)? Who reviews telematic data & how frequently? What coaching is done & frequency of coaching?								
Do you hire or rent any vehicles throughout the year? <i>If Yes, answer A and B.</i>							Yes <input type="checkbox"/>	No <input type="checkbox"/>
A. Estimated Annual Cost of Hire This Year \$			Prior Year \$					
B. What type of vehicles are hired or rented								
Are any of the insured vehicles brought home by employees? <i>If Yes, explain how many, how often, and by whom:</i>							Yes <input type="checkbox"/>	No <input type="checkbox"/>

RENTAL OPERATIONS SECTION:

List out all equipment that is rented to third parties:								
Does the insured rent or install generators for hospitals or power plants?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does insured rent portable hot shower units?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the insured have a rental/service contract in place with all clients that includes indemnification, hold harmless and equipment damage/loss provisions? <i>If yes, please provide sample contract</i>							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do commercial clients provide certificates of insurance naming insured's company as an additional insured?							Yes <input type="checkbox"/>	No <input type="checkbox"/>

SEPTIC SECTION:

Total sales for septic pumping: \$			Total sales for septic repair and servicing: \$					
Total sales for septic installation: \$			Does insured service, maintain and/or install Cesspools?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does insured provide Vactor Sewer services?							Yes <input type="checkbox"/>	No <input type="checkbox"/>

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ANCILLARY OPERATIONS SECTION:

Total sales for delivery, pickup and/or rentals of Roll Off Containers (if any): \$
List any additional operations not previously covered in the supplemental:

SAFETY AND LOSS CONTROL PROVISIONS

Is there a formal safety director? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:
Telephone:	Email:
How many years has the safety director been in in this role?	
Do you have a formal written safety program in place? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How often is the safety program updated? Who enforces and responsible for administrating?	
Is there a DOT compliant Drug Testing program in place? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all EE's screened or only drivers?	
Is there an employee training program? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who provides the training?	
What areas/topics are covered?	
Is training documented and attendance taken? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a learning management system being utilized? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What system? **REMINDER- SafetyNow has a ILT and E-Learning segment- free to the insured.	
Is there a Return to Work program? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a formal vehicle maintenance program? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When are vehicles inspected?	
Are inspections documented? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who reviews? Who performs and when is maintenance performed?	
Are maintenance records kept? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is FMCSA BASIC/SAFER information reviewed? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how frequently?	
Does the Insured follow OSHA standard for promoting a safe workplace? <i>If No, explain below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Insured conduct accident investigations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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SAFETY AND LOSS CONTROL PROVISIONS

Is the public kept at a safe distance from the Insured's work area? <i>If No, explain below.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Insured ever been cited for safety violations? <i>If No, explain below.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is documentation of safety meetings maintained? <i>If No, explain below.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the frequency of the meetings?	Who is required to attend?	
Is Attendance taken? <i>If No, explain below.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does insured have spill containment kits in vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the insured been cited or fined for noncompliance with hazardous material or disposal, or for environmental impairment by any regulatory authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EXPLANATION:		

PRE-EMPLOYMENT HIRING PROCEDURES

Written Application: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reference Check: Yes <input type="checkbox"/> No <input type="checkbox"/>	Criminal Background Check: Yes <input type="checkbox"/> No <input type="checkbox"/>
Drug Screening: Yes <input type="checkbox"/> No <input type="checkbox"/>	Physical Exam: Yes <input type="checkbox"/> No <input type="checkbox"/>	Motor Vehicle Record Review: Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the driver criteria?		
Who runs and reviews MVR?		
Please describe your driver safety program and training:		
Does the insured require all new drivers to do ride-alongs with experienced insured drivers?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, for how many months?		
What are your delivery driver's average length of experience driving fuel delivery vehicles?		
What is the average employee turnover over the last 3 years? %		Do you provide Group Medical: Yes <input type="checkbox"/> No <input type="checkbox"/>
Paid Sick Leave: Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid Vacation: Yes <input type="checkbox"/> No <input type="checkbox"/>	

SIGNATURE

Note: The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT

BROKER

Name and Title

Name and Title

Signature

Signature

Date

Date