



**McGOWAN RISK SPECIALISTS**  
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## **MONOLINE TRANSPORTATION POLLUTION LIABILITY**

### **APPLICATION REQUIREMENTS**

1. TPL application - attached
2. Vehicle schedule
3. For all vehicles that haul any type of fuel as cargo we will need to know the size of the tank in gallons and the type of fuel hauled. (This does NOT apply to fuel tanks used for the vehicle itself – only for fuel carried as cargo). NOTE: we will consider contractors vehicles that haul fuel to a job site but do not write bulk fuel haulers.
4. Copies of Material Safety Data Sheets (MSDS's) on hazardous materials hauled.
5. Automobile loss runs
6. MVR's on all drivers.



6) Hazardous Waste – Hazardous Materials

a. Do you ever haul hazardous waste / materials? Yes    No  
If yes, do all your contracts for hauling materials to be disposed state that the generator of such materials, and not your firm, is responsible for selecting the disposal site/facility? Yes    No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Do all drivers have their CDL with the hazardous materials endorsement? Yes    No  
If no, please explain: \_\_\_\_\_

c. Does your company select, own or manage disposal sites for hazardous waste? Yes    No  
If yes, please explain: \_\_\_\_\_

d. Who is authorized to sign hazardous waste manifests? \_\_\_\_\_  
Is this part of the employee's job description? Yes    No

e. Does your company comply with DOT rules with regard to placarding and labeling to properly identify hazardous waste? Yes    No  
If no, please attach an explanation.

f. List and describe all hazardous materials transportation incidents during the last five (5) years (if none, so state): \_\_\_\_\_  
\_\_\_\_\_

7) WASTE HANDLING:

a. Do you provide temporary storage services for hazardous materials or other waste?  
Yes    No  
If yes, what is the maximum amount of time you will hold materials prior to disposal? \_\_\_\_\_  
What is the maximum quantities you will hold? \_\_\_\_\_

b. Are there any restrictions on the material you will hold while waiting for disposal arrangements? Yes    No

c. Do you ever take responsibility for loading or unloading hazardous materials or waste or petroleum substances? Yes    No  
If yes, please explain: \_\_\_\_\_

8) a. Are all vehicles and equipment operated in a "hot" area decontaminated prior to leaving the site?  
Yes    No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

b. Describe your equipment and vehicle decontamination procedures (attach a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. List locations where company vehicles are decontaminated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9) DRIVER INFORMATION
- a. Number of Drivers applicant employees: \_\_\_\_\_  
 Full Time (35+ hours a week): \_\_\_\_\_  
 Part Time (<35 hours a week): \_\_\_\_\_
- b. Number of Owner-Operators currently contracted \_\_\_\_\_  
 Exclusive to your company: \_\_\_\_\_
- c. Are there any Drivers under contract or employment with DUI, DWI or Reckless Driving Convictions? within the last 3 years? Yes No  
 If Yes, Please list \_\_\_\_\_
- d. Do you have a minimum experience requirement for your drivers? Yes No  
 If Yes, Please describe \_\_\_\_\_

- 10) Provide the following information on your driver training and orientation programs. If you have a written manual please submit a copy (check all that apply):  
 \_\_\_\_\_ we have no training program \_\_\_\_\_ training provided by 3rd parties off premises  
 \_\_\_\_\_ seminars provided at our premises \_\_\_\_\_ on the job training  
 other: \_\_\_\_\_  
 For those trained on the job how long do they have to train prior to being allowed to drive alone?  
 \_\_\_\_\_

- 11) Are motor vehicle reports (MVRs) obtained on all drivers prior to hire? Yes No  
 How often are MVRs rechecked? \_\_\_\_\_

- 12) Are driver files current and in compliance with DOT regulations? Yes No  
 If no, please explain: \_\_\_\_\_  
 Yes No

- 13) Describe your regular driving safety program: \_\_\_\_\_  
 \_\_\_\_\_

- 14) Are driver logs kept and reviewed? Yes No

- 15) Do drivers receive training for tie-down and weight distribution for flat bed operations? Yes No

- 16) Do you require owner-operators to comply with your minimum experience, safety, maintenance and driver training requirements? Yes No

- 17) VEHICLE MAINTENANCE:
- a. Is there a written maintenance program? Yes No
- b. Is an individual service record file maintained on each vehicle? Yes No
- c. Are vehicle condition reports (VCRs) completed daily? Yes No
- f. Do your mechanics inspect owner/operator equipment? Yes No
- g. Do you maintain owner/operator maintenance records? Yes No

18) COMPANY GROWTH HISTORY: Please provide the figures requested for the past five years:

YEAR	GROSS REVENUES	TOTAL MILEAGE	OWNED UNITS	# OF OWNER/ OPERATORS
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

19) LOSS EXPERIENCE: Please provide totals as requested below for each of the last five years. The total of all losses both insured and uninsured should be included:

Auto Liability:

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES	# OF LOSSES

Automobile Pollution Liability:

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES	# OF LOSSES

\* Insurance company loss runs must be provided. Please provide explanation and copies of accident and police reports on all losses in excess of \$10,000.

**Notice to Arkansas, New York, Kentucky and Ohio Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any false material thereto, commits a fraudulent act which is a crime and may be subject to fines and confinement in prison.

**WARRANTY:** I understand and agree that insurance is provided based upon my warranty of the accuracy of the answers to the questions listed in this application and application forms attached to this application, as well as the statements made in other information I have provided as part of the application process. I further agree that any material misstatement or concealment will void coverage on my behalf.

Completion of the applications does not bind either the applicant or the company to insurance coverage.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date