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SOLID WASTE HAULERS SUPPLEMENTAL APPLICATION

IMPORTANT NOTICE: All questions must be answered. If "none" or "not applicable," so indicate.

Submitting Agency: _____

Address: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

Expiration Date: _____ **Date Quote Needed By:** _____

To the best of your knowledge, is the account currently written by or has it been submitted to any other division of XL Capital? Yes No

If yes, please explain: _____

A. GENERAL INFORMATION:

1. Name of Insured: _____

Mailing Address: _____

Phone Number: _____ Fax Number _____

Person(s) responding to survey:

Name: _____ Title: _____

Name: _____ Title: _____

Insured is:

Partnership Corporation Joint Venture Individual Other (please explain):

Public or Private:

Federal Employer Identification Number (FEIN): _____

DOT# _____ Web Site: _____

Year Company established: _____

2. Please provide the following breakdown:

_____ % of refuse units used for residential collection
_____ % of refuse units used for commercial collection

Note: total must equal 100%

3. Total estimated revenues ensuing year: _____

4. Do you provide refuse receptacles, waste compactors or similar equipment to your customers? Yes No

If yes, please answer the following questions:

A) _____ Number of units currently being provided.

Do you use a written agreement with each customer? Yes No (If yes, please provide a copy of the

B) agreement)

C) Does the agreement hold you harmless? Yes No N/A

D) Who is responsible for maintenance/servicing of the unit? _____

Total estimated revenues ensuing year from rental of refuse receptacles (including rolloff boxes): _____

5. Do you operate under any other name? Yes No

If yes, please provide a schedule of additional Named Insureds. For each entity, include a description of operations and relationship to the First Named Insured

Additional Named Insureds	Description of Operations	Relationship to First Named Insured

6. Other than solid waste hauling/collection, do you perform any other activities (i.e. street sweeping, demolition)?

Yes No

If yes, please describe activity(ies) and estimated revenues:

7. Within the past three (3) years, have you purchased any other collection or trucking company? Yes No

If yes, provide exact name and date of purchase:

8. Within the past three (3) years, has any insurance been declined, non-renewed or canceled? Yes No

If yes, provide company, coverage and reason:

9. Attach past two (2) years financial statements, including balance sheets and income statements.

B. TERRITORY/OPERATION:

1. Indicate all areas in which units are operated and percentage of operations within the city limits checked:

<input type="checkbox"/> Atlanta ____%	<input type="checkbox"/> Dallas ____%	<input type="checkbox"/> Little Rock ____%	<input type="checkbox"/> New Orleans ____%	<input type="checkbox"/> Richmond ____%
<input type="checkbox"/> Baltimore ____%	<input type="checkbox"/> Denver ____%	<input type="checkbox"/> Los Angeles ____%	<input type="checkbox"/> New York City ____%	<input type="checkbox"/> St. Louis ____%
<input type="checkbox"/> Boston ____%	<input type="checkbox"/> Detroit ____%	<input type="checkbox"/> Louisville ____%	<input type="checkbox"/> Oklahoma City ____%	<input type="checkbox"/> Salt Lake City ____%
<input type="checkbox"/> Buffalo ____%	<input type="checkbox"/> Hartford ____%	<input type="checkbox"/> Memphis ____%	<input type="checkbox"/> Omaha ____%	<input type="checkbox"/> San Francisco ____%
<input type="checkbox"/> Charlotte ____%	<input type="checkbox"/> Houston ____%	<input type="checkbox"/> Miami ____%	<input type="checkbox"/> Phoenix ____%	<input type="checkbox"/> Tulsa ____%
<input type="checkbox"/> Chicago ____%	<input type="checkbox"/> Indianapolis ____%	<input type="checkbox"/> Milwaukee ____%	<input type="checkbox"/> Philadelphia ____%	<input type="checkbox"/> Washington DC ____%
<input type="checkbox"/> Cincinnati ____%	<input type="checkbox"/> Jacksonville ____%	<input type="checkbox"/> Minneapolis ____%	<input type="checkbox"/> Pittsburgh ____%	
<input type="checkbox"/> Cleveland ____%	<input type="checkbox"/> Kansas City ____%	<input type="checkbox"/> Nashville ____%	<input type="checkbox"/> Portland ____%	

2. Does your fleet have tractors/trailers? Yes No

If yes, please provide exact address of all locations where waste is loaded and exact address of final disposal sites

(Attach additional list if necessary)

- a. _____
- b. _____
- c. _____
- d. _____

C. GARAGE/PARKING/STORAGE LOCATION(S):

1. Do you allow access on your property to any of the following:

- The general public
- Invited guests
- Non-employed drivers

2. If the general public is permitted access, do you have a designated "safe area"? Yes No

3. Do you have on-site traffic controls in place? Yes No

4. Do you have a sign in/out log? Yes No

5. Do you require escorts for guests? Yes No

6. Would you characterize your location's area as rural or urban?

7. Are your operations completely fenced? Yes No
Describe any security systems in place for the property: _____

8. Do you have a written formal Housekeeping Program? Yes No
If yes, please furnish a copy.

9. Do you employ a full-time housekeeping/grounds maintenance person? Yes No
If yes, who is that individual? _____

10. Do your operations involve use of heavy mobile equipment such as forklifts and bulldozers? Yes No
 If yes, please answer the following questions:
 Do you have a formal Equipment Maintenance Program? Yes No
 Is equipment maintenance performed by employees or is it outsourced? Yes No
-
- Do you have a formal written Employee Training Program? Yes No
 If yes, please furnish a copy.
 What is the duration of new employee training?
-

D. DRIVER/SAFETY/TRAINING:

1. Number of drivers: Employed Full Time _____
 Employed Part Time _____
 Owner/Operator _____
 TOTAL _____

- If owner/operators are used:
 Do they exclusively haul for you? Yes No
 Do you have written agreements in place? Yes No
 If yes, please furnish a copy

2. Do you have a **written** formal Driver Selection & Training Program? Yes No
 If yes, please furnish a full copy of the program.
 If no, do you have an informal Driver Selection & Training Program? Yes No
 If yes, please describe (use additional space if necessary):
-

- Does the Driver Selection include
 Written Application? Yes No
 Reference Check? Yes No
 Written Test? Yes No
 Road Test? Yes No
 Physical Exam? Yes No
 Substance Abuse Test? Yes No
 MVR Check? Yes No

3. Do you employ a dedicated (full- time) person for Driver Selection & Training? Yes No
 If yes, who is that individual and please furnish a copy of their resume? _____
-

- Does the informal Driver Training Program include:
 Review and Written acknowledgement by driver of Company work rules? Yes No
 Review and Written acknowledgement by driver of Drive Discipline program? Yes No
 Over the Road/ride along training? Yes No
 If yes, please provide description and length of training:
-

4. Do you conduct Driver Safety Meetings? Yes No
 If yes, are they held Monthly Quarterly Semi annually Annually
 Is the topic discussed and driver attendance documented? Yes No
 If yes, please furnish a copy of the last meeting's sign-in sheet.

5. Do you have a written and communic.ated disciplinary protocol related to MVR's? Yes No
 If yes, please furnish a copy
 If no, please explain:
-

6. How often do you review Motor Vehicle Reports (MVR's) on your drivers? Check all that apply:
 Annual
 Random
 Post-Accident
 Other _____
7. Do you have a written Formal Driver Award Program? Yes No
 If yes, please furnish a copy.
8. Do you conduct and document accident reviews (including causation analysis)? Yes No
 If yes, please furnish a sample
9. At what location are driver files maintained?
10. Are driver files current and in compliance with DOT regulations? Yes No
11. Are there any current drivers with convictions within the past three (3) years for DUI, DWI or reckless driving? Yes No
 If yes, please provide MVRs.
12. What is your annual driver turnover: _____ %
13. Are passengers allowed in company-insured vehicles? Yes No
14. Please advise if any of the following personnel are allowed to use company owned vehicles for personal use:
 Owner/Executive Officers Supervisors/Managers Salespersons Others

Please provide company rules regarding personal use of company-owned vehicles by the above personnel

- Are family members of the above allowed to operate company owned vehicles? Yes No
 If yes, please provide copy of their MVR & provided explanation: _____

E. VEHICLE MAINTENANCE:

1. Do you have a written formal Vehicle Maintenance Program? Yes No
 If yes, please furnish a full copy of the program.
 If no, do you have an informal Vehicle Maintenance Program? Yes No
 If yes, please describe (use additional space if necessary):

2. Do you employ your own mechanics to perform vehicle maintenance or do you use an outside vendor?

3. At what location are vehicle maintenance files maintained? _____

4. Are the vehicles equipped with any of the following?
- Auto Tarp System on Roll-Off Trucks
 - Backup Alarms
 - Strobe Lights
 - Video Monitors
 - Battery Cut-Off Switches
 - Automated Can Dumping Arm
 - Two-Way Radio
 - Reflective Tape/Paint on Vehicles

5. List location address and number of units garaged at each location:
- | | | | |
|----------------|-------|-----------------|-------|
| A) Location #1 | _____ | # units garaged | _____ |
| B) Location #2 | _____ | # units garaged | _____ |
| C) Location #3 | _____ | # units garaged | _____ |
| D) Location #4 | _____ | # units garaged | _____ |
| E) Location #5 | _____ | # units garaged | _____ |

If more locations exist, please attach separate schedule.

6. At any location, are any/all vehicles contained within a building Yes No
 a. If Yes, please provide detail. _____

7. For each location, are the units contained within a completely fenced area? Yes No
 a. If No, please provide details. _____

8. For each location, please describe any security systems and/or procedures in place for equipment protection:

9. For each location, please provide approximate distance between parked units:

F. COMPANY GROWTH HISTORY (past four (4) years):

Period	Gross Revenues	# Of Owned Power Units (do not include trailers)

G. INSURANCE HISTORY (Current + previous three (3) years):

1. AUTO LIABILITY

Year	Carrier	Premium

2. PHYSICAL DAMAGE

Year	Carrier	Premium

Currently Valued Carrier loss runs must be provided. Please provide explanation of all losses in excess of \$10,000.

FRAUD WARNINGS

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 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 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.

NOTICE TO D.C. 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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 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 civil fines and criminal penalties.

NOTICE TO NEW YORK COMMERCIAL INSURANCE APPLICANTS, EXCEPT AUTOMOBILE INSURANCE 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 NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE: 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

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 PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE: 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor 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 TENNESSEE APPLICANTS: Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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 purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA 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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

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.

(Fraud Language Revised 04/01/10)

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

Please check to see that all required attachments are enclosed.

- | | |
|---|---|
| 1. Two (2) Years Financial Statements | 5. Copy of Vehicle Maintenance Program |
| 2. Acord Applications for all coverages | 6. Four (4) Years Current Company Loss Runs |
| 3. Resumes of Safety Director and Mechanics | 7. Driver list: License #, D.O.B., State |
| 4. Driver Safety/Training Manual | |