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USA

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TRANSPORTERS 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:

E-Mail Address:

Internet Address:

Federal Employer Identification Number (FEIN):

2. Does Insured operate under any other name? Yes No

If yes, provide exact name(s):

3. Within the past three (3) years, has the Insured purchased any other trucking company? Yes No

If yes, provide exact name and date of purchase:

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

If yes, provide company, coverage and reason:

5. Attach past three (3) years financial statements, including balance sheets and income statements.

E. EQUIPMENT INFORMATION:

1. Number of Units Operated:

Power Units	Company Owned	Owner/Operator	Trailers	Company Owned	Owner/Operator
Tractors			Flats		
X-Heavy Trucks			Vans		
Heavy Trucks			Tankers		
Medium Trucks			Reefers		
Pick-Ups			Dump		
Private Passenger					

2. Are owner operators hired under formal agreement? Yes No
 If yes, a copy of agreement must be provided.
3. Does trip leasing comprise more than 5% of gross receipts? Yes No
4. Are number of units operated affected by seasonal operations? Yes No
5. Are vehicles equipped with theft alarms? Yes No
6. Are vehicles left unlocked while unattended? Yes No
7. Are vehicles left loaded overnight? Yes No
8. Do you rent any vehicles? Yes No

Please explain all of the above responses answered yes:

F. TERRITORY/OPERATION:

1. Provide exact address of all terminals, plants and warehouse locations (If Property Coverage is desired, include construction, private protection and alarm information):

- a.
b.
c.
d.

2. Indicate all areas in which units are operated:

- | | | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|--|---|
| <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"/> E. Chicago | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Philadelphia | |
| <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 | |

3. Indicate all states in which filings are required: (L = Liability, C = Cargo)

- | | | | | | | | | | | | |
|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|----------------|
| L | C | | L | C | | L | C | | L | C | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alabama | <input type="checkbox"/> | <input type="checkbox"/> | Illinois | <input type="checkbox"/> | <input type="checkbox"/> | Montana | <input type="checkbox"/> | <input type="checkbox"/> | Puerto Rico |
| <input type="checkbox"/> | <input type="checkbox"/> | Alaska | <input type="checkbox"/> | <input type="checkbox"/> | Indiana | <input type="checkbox"/> | <input type="checkbox"/> | Nebraska | <input type="checkbox"/> | <input type="checkbox"/> | Rhode Island |
| <input type="checkbox"/> | <input type="checkbox"/> | Arizona | <input type="checkbox"/> | <input type="checkbox"/> | Iowa | <input type="checkbox"/> | <input type="checkbox"/> | Nevada | <input type="checkbox"/> | <input type="checkbox"/> | South Carolina |
| <input type="checkbox"/> | <input type="checkbox"/> | Arkansas | <input type="checkbox"/> | <input type="checkbox"/> | Kansas | <input type="checkbox"/> | <input type="checkbox"/> | New Hampshire | <input type="checkbox"/> | <input type="checkbox"/> | South Dakota |
| <input type="checkbox"/> | <input type="checkbox"/> | California | <input type="checkbox"/> | <input type="checkbox"/> | Kentucky | <input type="checkbox"/> | <input type="checkbox"/> | New Jersey | <input type="checkbox"/> | <input type="checkbox"/> | Tennessee |
| <input type="checkbox"/> | <input type="checkbox"/> | Colorado | <input type="checkbox"/> | <input type="checkbox"/> | Louisiana | <input type="checkbox"/> | <input type="checkbox"/> | New Mexico | <input type="checkbox"/> | <input type="checkbox"/> | Texas |
| <input type="checkbox"/> | <input type="checkbox"/> | Connecticut | <input type="checkbox"/> | <input type="checkbox"/> | Maine | <input type="checkbox"/> | <input type="checkbox"/> | New York | <input type="checkbox"/> | <input type="checkbox"/> | Utah |
| <input type="checkbox"/> | <input type="checkbox"/> | Delaware | <input type="checkbox"/> | <input type="checkbox"/> | Maryland | <input type="checkbox"/> | <input type="checkbox"/> | North Carolina | <input type="checkbox"/> | <input type="checkbox"/> | Vermont |
| <input type="checkbox"/> | <input type="checkbox"/> | District of Columbia | <input type="checkbox"/> | <input type="checkbox"/> | Massachusetts | <input type="checkbox"/> | <input type="checkbox"/> | North Dakota | <input type="checkbox"/> | <input type="checkbox"/> | Virginia |
| <input type="checkbox"/> | <input type="checkbox"/> | Florida | <input type="checkbox"/> | <input type="checkbox"/> | Michigan | <input type="checkbox"/> | <input type="checkbox"/> | Ohio | <input type="checkbox"/> | <input type="checkbox"/> | Washington |
| <input type="checkbox"/> | <input type="checkbox"/> | Georgia | <input type="checkbox"/> | <input type="checkbox"/> | Minnesota | <input type="checkbox"/> | <input type="checkbox"/> | Oklahoma | <input type="checkbox"/> | <input type="checkbox"/> | West Virginia |
| <input type="checkbox"/> | <input type="checkbox"/> | Hawaii | <input type="checkbox"/> | <input type="checkbox"/> | Mississippi | <input type="checkbox"/> | <input type="checkbox"/> | Oregon | <input type="checkbox"/> | <input type="checkbox"/> | Wisconsin |
| <input type="checkbox"/> | <input type="checkbox"/> | Idaho | <input type="checkbox"/> | <input type="checkbox"/> | Missouri | <input type="checkbox"/> | <input type="checkbox"/> | Pennsylvania | <input type="checkbox"/> | <input type="checkbox"/> | Wyoming |

4. Provide numbers where applicable:

ICC/DOT #	PA PUC #
OH PUC #	TN HF #
KY KYU #	IN PSCI #
OK OCC #	FI TAX #

5. Indicate **EXACT** name(s) and address(es) as it/they should appear on the filings (Attach additional sheet if necessary):

Name:

Address:

G. DRIVER/SAFETY/TRAINING:

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

2. Does driver selection include:
- | | | | | |
|-----------------------|--------------------------|-----|--------------------------|----|
| Written Application? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Reference Check? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Written Test? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Road Test? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Physical Exam? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Substance Abuse Test? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| MVR Check? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

3. Who is responsible for driver selection?
- | | |
|------|-------|
| Name | Title |
|------|-------|

4. At what location are driver files maintained?

5. Are driver files current and in compliance with DOT regulations? Yes No

6. Is there a full-time safety director? Yes (please attach resume) No
 If no please explain:

7. Are passengers allowed in company-insured vehicles? Yes No
 Is management approval needed? Yes No
 Are liability release forms obtained? (If yes, provide copy) Yes No

8. Are there any current drivers with convictions within the past three (3) years for DUI, DWI or reckless driving?
 (If yes, please provide MVRs) Yes No

9. How often are driver safety/training meetings held?

10. Is the topic discussed and driver attendance documented? Yes No

11. Is there a company safety manual? (If yes, please provide copy) Yes No

12. Do drivers receive training for tie-down and weight distribution procedures for flat bed operations?
 Yes No

13. Driver Turnover _____ %

INCLUDE FULL COPY OF DRIVER TRAINING PROCEDURE MANUAL

H. VEHICLE MAINTENANCE:

- 1. Is there a written maintenance program? (If yes, please provide copy) Yes No
- 2. Is an individual service record file maintained on each vehicle? Yes No
- 3. Are vehicle condition reports (VCRs) completed daily? Yes No
- 4. Do you service your own vehicles? Yes No

If yes, please indicate type and provide resumes or required certification for mechanics:

- Minor repairs Major repairs Body work State inspections

If no, who does?

- 5. Do you perform maintenance work for owner/operators? Yes No
- 6. Do your mechanics inspect owner/operator equipment? Yes No
- 7. Do you maintain owner/operator maintenance records? Yes No
- 8. Is there a means to monitor the due date of inspections on owner/operator equipment? Yes No

If yes, please explain:

- 9. At what location are vehicle files maintained?
- 10. Is there a Title Maintenance Program? If yes, please provide copy. Yes No

INCLUDE COPY OF VEHICLE MAINTENANCE PROGRAM

I. COMPANY GROWTH HISTROY (past five (5) years):

Period	Gross Revenues	Total Mileage	# Of Owned Units	# of Owner/Operators

J. INSURANCE HISTORY (previous five (5) years) All areas below:

1. AUTO LIABILITY

Year	Carrier	Premium

2. PHYSICAL DAMAGE

Year	Carrier	Premium

3. GENERAL LIABILITY

Year	Carrier	Premium

4. CARGO

Year	Carrier	Premium

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

K. ADDITIONAL INFORMATION:

Please provide us with an overview of your operation and any additional information you feel is needed regarding your operation.

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 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 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. Three (3) Years Financial Statements | 7. Five (5) Years Company Loss Runs |
| 2. Acord Applications for all coverages | 8. Driver list: License #, D.O.B., State |
| 3. Resumes of Safety Director and Mechanics | 9. Spill Plan |
| 4. Owner/Operator Agreement | 10. Security Plan |
| 5. Driver Safety/Training Manual | 11. Driver Hiring Criteria |
| 6. Copy of Vehicle Maintenance Program | |