



**NATIONAL  
INTERSTATE**  
INSURANCE  
Member of Great American Insurance Group

## Waste Operations Primary Application

Fleet Size of 20+ Collection Units

### AGENT INFORMATION

Agency: \_\_\_\_\_ Producer: \_\_\_\_\_  
Are you incumbent? Yes No If yes, for how long? \_\_\_\_\_

### SUBMISSION INFORMATION

Requested Effective Date: \_\_\_\_\_ Requested Quote Date: \_\_\_\_\_  
If this is a mid-term move request, why is insured seeking this? \_\_\_\_\_

### CURRENT INSURANCE

Auto Liability	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Auto Physical Damage	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
General Liability	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Workers Compensation	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Property/Inland Marine	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Excess Liability/Umbrella	Carrier: _____	Premium: \$ _____	Limit: \$ _____

Has your insurance been cancelled or non-renewed in past 5 years for non-pay or loss history? *(Not Applicable in MO)* ☐ Yes ☐ No  
Do you currently purchase Environmental Liability Insurance? ☐ Yes ☐ No  
Do you have interest in a pollution quote from Great American Environmental? ☐ Yes ☐ No

### APPLICANT INFORMATION

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_  
Principal Contact: \_\_\_\_\_ Principal Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Website: http: \_\_\_\_\_  
# Years in business \_\_\_\_\_ # Years of experience in waste management: \_\_\_\_\_  
Company is: *(select one)* ☐ Corporation ☐ Partnership ☐ LLC ☐ Municipality ☐ Sole Proprietorship  
FEIN: \_\_\_\_\_ MC Docket: \_\_\_\_\_ U.S. DOT: \_\_\_\_\_ CA MCP: \_\_\_\_\_

### OPERATION QUESTIONS

- Industry associations currently involved in: \_\_\_\_\_
- Please list any operational changes in the last 5 years, *if any*: \_\_\_\_\_
- Please list any non-waste related operations your operation performs  
*Ex: street sweeping, snow plowing* \_\_\_\_\_

### OPERATIONS BREAKDOWN *(must equal 100%)*

4. Residential collection	%	Industrial waste	%	Recycling	%
Commercial collection	%	Liquid waste	%	Other: <i>(describe below)</i>	%
Transfer station to landfill	%	C & D removal	%		%

### RADIUS BREAKDOWN (must equal 100%)

5.	0-25 miles	%	26-50 miles	%	51-100 miles	%	100+ miles	%
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6. Average Route Distance: \_\_\_\_\_ miles Longest Route Distance \_\_\_\_\_ miles

7. What counties do you currently service? \_\_\_\_\_

8. What states do you travel/operate in? \_\_\_\_\_

9 Is waste transported directly to landfill and/or transfer station? ☐ Yes ☐ No *If yes, please answer below*

Transfer Station Location: \_\_\_\_\_

Distance from Garaging Location: \_\_\_\_\_ miles

Landfill Location: \_\_\_\_\_

Distance from Garaging Location: \_\_\_\_\_ miles

10. Do you own/operate any of the following?

☐ Incinerator

☐ Landfill

☐ Material Recovery Facility

☐ Transfer Station

☐ Recycling Center

***If yes to any above, please complete the Material Recovery Facility (MRF), Recycling Center, Transfer Station application below***

### HISTORICAL INFORMATION

	Projected	Current	1st Prior	2nd Prior	3rd Prior	4th Prior
Total Power Units						

### DRIVER HIRING & SAFETY QUESTIONS

#### SAFETY & TRAINING

1. Do you have a written safety policy? ☐ Yes ☐ No *If yes, PLEASE PROVIDE POLICY*

2. Do you participate in remedial driver training? ☐ Yes ☐ No *If yes, is it documented?* ☐ Yes ☐ No

3. Do you participate in recurrent driver training? ☐ Yes ☐ No *If yes, is it documented?* ☐ Yes ☐ No

4. Who is responsible for safety at company? (name & position) \_\_\_\_\_

yrs. with company: \_\_\_\_\_ yrs. in safety: \_\_\_\_\_ % of time spent on safety: \_\_\_\_\_

5. How often are safety meetings? \_\_\_\_\_

6. Are safety meetings mandatory? ☐ Yes ☐ No Are meetings documented? ☐ Yes ☐ No

7. Do you have a safety award/incentive program ☐ Yes ☐ No *If yes, please describe:* \_\_\_\_\_

8. How often are updated MVRs pulled and added to driver file? \_\_\_\_\_

9. Do you maintain driver files in full compliance with DOT regulations? ☐ Yes ☐ No

10. Do you allow use of mobile devices (ex: cell phones) while driving? ☐ Yes ☐ No *If yes, PLEASE PROVIDE POLICY*

11. Do you have a written disciplinary policy? ☐ Yes ☐ No *If yes, PLEASE PROVIDE POLICY*

12. What steps are taken when a driver develops an unacceptable record? \_\_\_\_\_

13. What percentage of routes are subject to route supervision? \_\_\_\_\_ %

14. Please describe driver supervision process: \_\_\_\_\_

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

16. Do you utilize a defensive driving program? ☐ Yes ☐ No

*If yes, what program? (ex. Smith System)* \_\_\_\_\_ *How many certified trainers do you have?* \_\_\_\_\_

17. Do you maintain an accident register? ☐ Yes ☐ No

18. Do you conduct periodic accident analysis? ☐ Yes ☐ No

19. Do you have a formal Return to Work Program? ☐ Yes ☐ No *Written & documented?* ☐ Yes ☐ No

20. How many owner/operators do you currently utilize? \_\_\_\_\_

21. Are you subscribed to a telematics program? ☐ Yes ☐ No

*If yes, which program?* \_\_\_\_\_ *How many vehicles are outfitted?* \_\_\_\_\_

**22. Identify % of vehicles that are equipped with the following below:**

visible & audible hoist alarms (roll-off units)	%	spill kits	%	backup alarms	%
fender spot monitoring	%	fire extinguishers	%	backup cameras	%
automated event recorders (AERs)	%	battery disconnect	%	GPS tracking	%
accident kits / procedures	%	engine monitoring	%	eyewash solution	%

## DRIVER HIRING

- |                              |  |   |  |
|------------------------------|--|---|--|
| Minimum driver age:          |  | Minimum # of years of U.S driving experience? |  |
| Minimum # of years with CDL: |  | # Acceptable violations/suspensions on MVR?   |  |
- Do you have a written criteria for acceptable MVRs? ☐ Yes ☐ No
- Are there any automatic disqualifications from hiring? ☐ Yes ☐ No
- New driver hiring selection procedures include use of the following ( *please select* ):
 

<input type="checkbox"/> Written application	<input type="checkbox"/> Pre-hire physical	<input type="checkbox"/> Previous employer checks
<input type="checkbox"/> MVR check	<input type="checkbox"/> PATs (Physical Ability Testing)	<input type="checkbox"/> Interview
<input type="checkbox"/> Drug test	<input type="checkbox"/> Road test	<input type="checkbox"/> PSP (Pre-Employment Screening Program)
<input type="checkbox"/> Written test	<input type="checkbox"/> Other: _____	
- Additional notes on driver hiring criteria: \_\_\_\_\_
- Who administers driver hiring & new driver training? (name & position) \_\_\_\_\_
- Is new hire orientation & training required for all new-hires ☐ Yes ☐ No How long does this last? \_\_\_\_\_
- Is new hire orientation & training documented? ☐ Yes ☐ No
- New driver orientation consists of the following training: ( *please select* )
 

<input type="checkbox"/> Classroom training	<input type="checkbox"/> Ride along with management	<input type="checkbox"/> Equipment familiarization
<input type="checkbox"/> Review of safety policies	<input type="checkbox"/> Ride along with experienced driver	<input type="checkbox"/> Handling commodities
<input type="checkbox"/> Review of company rules	<input type="checkbox"/> Accident reporting	<input type="checkbox"/> Other: _____
- Do you utilize a temp agency for job placement? ☐ Yes ☐ No
 

If yes, name of agency used: \_\_\_\_\_ % of employee base \_\_\_\_\_

% of driver base? \_\_\_\_\_ Please list positions hired: \_\_\_\_\_
- In the past year, how many drivers were hired? \_\_\_\_\_ How many drivers were terminated? \_\_\_\_\_

## MAINTENANCE PROGRAM

- Do you have a written maintenance program? ☐ Yes ☐ No
 

For company vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	For vehicles owned by others? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--
- Do you utilize any maintenance software? ☐ Yes ☐ No
 

If yes, please list: \_\_\_\_\_
- Total number of mechanics: \_\_\_\_\_ # Part-Time: \_\_\_\_\_ # Full-Time: \_\_\_\_\_
- Name of Maintenance Manager \_\_\_\_\_ Yrs. with co: \_\_\_\_\_ Yrs. in maintenance: \_\_\_\_\_
- Which of the following do you have on-site?
 

<input type="checkbox"/> Parts Department	<input type="checkbox"/> Body Shop	<input type="checkbox"/> Service Bays	<input type="checkbox"/> Controlled Inspection Reports
---	------------------------------------	---------------------------------------	--
- Do you utilize Pre/Post Trip inspection technology/software? ☐ Yes ☐ No
- How often are Pre/Post Trip inspections conducted? ☐ Every Trip ☐ Daily ☐ Other: \_\_\_\_\_
- How often are brakes inspected? \_\_\_\_\_
- How long are maintenance records retained? \_\_\_\_\_
- What is your vehicle replacement policy? \_\_\_\_\_

11. Do you use retreads? ☐ Yes ☐ No

12 If you do not have a facility on-site, please describe your maintenance program: \_\_\_\_\_

GENERAL LIABILITY QUESTIONS

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- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you work on miscellaneous equipment that is not owned by the entity?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you lease property or mobile equipment to others?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you sell any product(s) either wholesale or resale?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been named as a Potential Responsible Party (PRP) or otherwise been cited for illegal or unlawful dumping of waste? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Insurance Fraud Warnings

**AL-** 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.

**AR-** 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.

**CA-** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

**CO-** 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.

**DC -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.

**FL-** 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.

**KY-** 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.

**LA-** 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.

**ME-** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties ME- may include imprisonment, fines or denial of insurance benefits.

**MD-** 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.

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

**NM-** 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.

**NY-** 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.

**OH-** 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.

**OK-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.

**PA-** 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.

**RI-** 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.

**TN-** 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.

**VA-** 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.

**WA-** 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.

**WV-** 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.

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

Agency Name: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Material Recovery Facility, Recycling Center & Transfer Station Application

## SITE INFORMATION

1. Type of site: ☐ MRF - Material Recovery Facility ☐ Recycling Center ☐ Transfer Station

2. Applicant/Business Name: \_\_\_\_\_

3. Are you the owner? ☐ Yes ☐ No

No, I am the *operator* of site. The owner of the site is: \_\_\_\_\_

4. Facility Address: \_\_\_\_\_

5. Sq. footage of site: \_\_\_\_\_ sq. ft.

## SITE OPERATION QUESTIONS

1. The facility is: ☐ Fenced ☐ Gated ☐ Locked ☐ Lighted

2. # of days per week operated:		hours of operation:		# of tours conducted each yr., if any?	
# of attendants on duty:		# permanent employees		% of site used by other haulers?	%
# of total employees on site:		# temporary employees		% of facility open to public use?	%

3. What type of dumping method is used? \_\_\_\_\_

4. What type of materials are accepted? \_\_\_\_\_

5. Are any hazardous materials stored? ☐ Yes ☐ No If yes, longest period of storage? \_\_\_\_\_

6. Please list any EPA permits needed to operate this facility: \_\_\_\_\_

7. Describe traffic patterns & controls of facility (include attendants, separation of public & general haulers, etc.) \_\_\_\_\_

8. Describe safety controls in place: \_\_\_\_\_

9. Describe fire protection at this facility: \_\_\_\_\_

10. Describe procedures for identifying and handling hazardous waste: \_\_\_\_\_

11. Describe your hazardous material training: \_\_\_\_\_

*I have included a copy of the declarations page and schedule of all endorsements made part of any policy providing pollution liability for the location to which this application applies.*

*Providing the requested information related to existing pollution coverage does not constitute an application for this coverage from National Interstate, who does not provide this coverage.*

Agency Name: \_\_\_\_\_  
 Producer Name: \_\_\_\_\_  
 Producer Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
 Applicant Company: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_



# Landfill Application

## SITE INFORMATION

1. Applicant/Business Name: \_\_\_\_\_
2. Full Address (of landfill): \_\_\_\_\_
3. Total site acreage: \_\_\_\_\_ Active daily acres (average): \_\_\_\_\_ Total permitted acres: \_\_\_\_\_
4. # of years remaining to closure: \_\_\_\_\_ # of years since closure (if landfill is already closed) : \_\_\_\_\_
5. Are you the owner? ☐ Yes ☐ No  
No, I am the *operator* of site. The owner of the site is: \_\_\_\_\_

## SITE OPERATION QUESTIONS

1. Is the landfill used by other haulers? ☐ Yes ☐ No
2. Is the landfill open to the public? ☐ Yes ☐ No If yes, does the public have a separate entrance? ☐ Yes ☐ No
3. Numbers of days per week of operation? \_\_\_\_\_ Hours of operation? \_\_\_\_\_ #Traffic attendants on duty: \_\_\_\_\_
4. The facility is: ☐ Fenced ☐ Gated ☐ Locked ☐ Lighted
5. Do you have a pollution liability policy for this location? ☐ Yes ☐ No
6. What type of materials is this landfill location permitted to accept?  
\_\_\_\_\_
7. Please list all EPA permits required to operate this facility:  
\_\_\_\_\_
8. Describe your safety controls:  
\_\_\_\_\_
9. What fire protection measures do you have on this premise?  
\_\_\_\_\_
10. Describe your policy on identifying and handling hazardous waste:  
\_\_\_\_\_
11. Describe your hazardous material training:  
\_\_\_\_\_

*I have included a copy of the declarations page and schedule of all endorsements made part of any policy providing pollution liability for the location to which this application applies.*

*Providing the requested information related to existing pollution coverage does not constitute an application for this coverage from National Interstate, who does not provide this coverage.*

Agency Name: \_\_\_\_\_  
Producer Name: \_\_\_\_\_  
Producer Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Applicant Company: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_





**NATIONAL  
INTERSTATE**  
INSURANCE.  
Member of Great American Insurance Group

## WORKERS' COMPENSATION APPLICATION

3250 Interstate Dr., Richfield, OH 44286-9000, Phone: 800-929-1500, Fax: 330-659-8907, [www.natl.com](http://www.natl.com)

☐ National Interstate      ☐ National Interstate of Hawaii      ☐ Vanliner Insurance Company      ☐ Triumpher Casualty Company

### AGENCY INFORMATION

Incept Date: \_\_\_\_\_ Quote Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Producer Name: \_\_\_\_\_ CS Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Code: \_\_\_\_\_ Sub Code: \_\_\_\_\_ Agency Customer ID: \_\_\_\_\_  
Are you the incumbent? ☐ Yes ☐ No For how long? \_\_\_\_\_

### INSURED INFORMATION

Name: \_\_\_\_\_  
FEIN/SSN: \_\_\_\_\_ N.C.C.I.I.D. #: \_\_\_\_\_ U.I.D. # (HI, ME, MN, RI, UT): \_\_\_\_\_  
Business Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture ☐ Other  
Description of corporate structure: (include any holding companies, parents, subsidiaries and affiliates. Also indicate if any of these entities are in the insurance quote request, attach separate sheet if necessary.) \_\_\_\_\_

Description of business operations, including commodities hauled. Provide a complete narrative for any other operations other than trucking or passenger transportation (attach separate sheet): \_\_\_\_\_

#### Contact Information

Type	Name	Office Phone	Mobile	E-mail
Inspection				
Accounting Record				
Claims Info				
Other:				

Company Website: \_\_\_\_\_ Company E-mail Address: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Part 1 Workers' Compensation States: \_\_\_\_\_

#### Part 2 Employer's Liability Limits

Bodily Injury Occurrence Limit	Disease per Employee Limit	Disease Policy Limit

Part 3 Other States Insurance (Not Applicable to ND, OH, WA, WY) \_\_\_\_\_

Are any of the following additional coverages requested:

☐ U.S.L. & H      ☐ Voluntary Compensation      ☐ Waiver of Subrogation      ☐ Alternate Employer      ☐ Other

**Named Insureds** (attach separate list if more than six)

	Named Insured	FEIN		Named Insured	FEIN
1			4		
2			5		
3			6		

**INSURED INFORMATION** *continued***Location Information** *(Please see Addendum A to add additional locations and to include all remaining class codes)*

	Address	Class Code	Payroll	# of Employees	Average Weekly Wage
1					
2					
3					
4					

**Individuals to be Included/Excluded** *(Partners, Officers, Others)*

Name	DOB	Title/Relationship	Ownership %	Include /Exclude	Class Code	Payroll <i>(include Rating Info also)</i>

**Payroll History** *(Please see Addendum B to add additional states and to include all remaining class codes)*

State	Class Code	Current	1st Prior	2nd Prior	3rd Prior	4th Prior

**Prior Carrier Information/Loss History**

Year	Carrier Name	Policy Number	Experience Mod	Premium	# Claims	Amount Paid	Reserve
Projected							
Current year							
1st prior year							
2nd prior year							
3rd prior year							
4th prior year							

**GENERAL INFORMATION**

1. Is workers' compensation for any state to be excluded on this application? ☐ Yes ☐ No ☐ N/A  
*If yes, please list the states to be excluded:* \_\_\_\_\_
2. If domiciled in Texas, is the company a Texas Workers' Compensation non-subscriber? ☐ Yes ☐ No ☐ N/A

## GENERAL INFORMATION *continued*

3. Is any work performed underground or above 15ft? ☐ Yes ☐ No ☐ N/A
4. Are there any special filings required? ☐ Yes ☐ No ☐ N/A  
If yes, please provide details: \_\_\_\_\_
5. Are you currently required to sign any wavier of subrogation, hold harmless or permanent/exclusive lease agreements? *If yes, provide copies* ☐ Yes ☐ No ☐ N/A
6. Has the company undergone any corporate restructuring (*merger/combination/separation, bankruptcy, tax liens*) in the past 5 years? ☐ Yes ☐ No ☐ N/A  
If yes, please provide details: \_\_\_\_\_
7. Have you had any coverage declined, cancelled or non-renewed in the last 3 years? (*Not applicable in MO*) ☐ Yes ☐ No ☐ N/A  
If yes, please provide details: \_\_\_\_\_
8. Do you own, operate or lease aircraft or watercraft? ☐ Yes ☐ No ☐ N/A  
If yes, please provide details: \_\_\_\_\_
9. Do you perform any work on barges, vessels, or docks, over water? ☐ Yes ☐ No ☐ N/A  
If yes, please provide details: \_\_\_\_\_
10. Do you or your employees travel on business outside the U.S.? ☐ Yes ☐ No ☐ N/A  
If yes, please provide details: \_\_\_\_\_
11. Do you have now or have you had in the past any operations involving hazardous materials? ☐ Yes ☐ No ☐ N/A  
If yes, please provide details: \_\_\_\_\_
12. Is group transportation provided? ☐ Yes ☐ No ☐ N/A
13. Do you sponsor any athletic teams made up of your own employees? ☐ Yes ☐ No ☐ N/A
14. Do you have any other insurance with National Interstate or its subsidiaries? ☐ Yes ☐ No ☐ N/A

## HIRING PRACTICES

1. Are all job applicants interviewed in person? ☐ Yes ☐ No ☐ N/A
2. Who is involved in the interview process? \_\_\_\_\_
3. What is the annual employee turnover rate? \_\_\_\_\_
4. Are any of the following required before and employee is hired?
- a. Background checks? ☐ Yes ☐ No ☐ N/A
- b. Drug Screening? ☐ Yes ☐ No ☐ N/A
- c. Vision test? ☐ Yes ☐ No ☐ N/A
- d. Physicals? ☐ Yes ☐ No ☐ N/A
5. Is there a formal Physical Abilities Testing program conducted by a Physical Therapist or other medical professionals? *If 'yes', how many?* ☐ Yes ☐ No ☐ N/A  
\_\_\_\_\_
6. Are motor vehicle records for drivers checked prior to hire? ☐ Yes ☐ No ☐ N/A
7. Do you have any current drivers with citations for DWI, DUI or reckless driving? ☐ Yes ☐ No ☐ N/A  
If 'yes', how many? \_\_\_\_\_
8. Do you use independent owner operators (IOOs) or independent contractors? ☐ Yes ☐ No ☐ N/A  
If 'yes', indicate how many are used over the course of a year. \_\_\_\_\_
9. Do any of your (IOOs) or independent owner operators carry Occupational Accident (OA) coverage in lieu of Workers' Compensation? ☐ Yes ☐ No ☐ N/A  
*If 'yes' please provide details.* \_\_\_\_\_

## HIRING PRACTICES *continued*

10. Are seasonal/temporary or casual/day labors employed? ☐ Yes ☐ No ☐ N/A
11. How often are seasonal/temporary or casual/day laborers employed? (daily, weekly, monthly) \_\_\_\_\_
12. How are seasonal/temporary or casual/day laborers hired? \_\_\_\_\_
- 
13. Do you have any volunteer workers? ☐ Yes ☐ No ☐ N/A  
If 'yes', please provide details. \_\_\_\_\_
- 
14. Are there any employees subject to a collective bargaining agreement (CBA)? *If 'yes', please provide a copy.* ☐ Yes ☐ No ☐ N/A
15. Are there any employees under 16 or over 60 years of age? *(not applicable in CA)* ☐ Yes ☐ No ☐ N/A
16. Do any employees work remotely from home? ☐ Yes ☐ No ☐ N/A

## SAFETY PRACTICES

1. Has a safety or loss control inspection been performed in the past year? ☐ Yes ☐ No ☐ N/A  
If 'yes', please provide a copy of any recommendation developed and actions taken to correct them.
2. Is there a formal, written safety program in place for occupational injuries? Please provide a copy. ☐ Yes ☐ No ☐ N/A
3. Is there a set procedure for reporting claims, including an accident reporting form? ☐ Yes ☐ No ☐ N/A
4. Are workplace injuries investigated and root cause analysis documented? ☐ Yes ☐ No ☐ N/A
5. Has a job hazard analysis been completed for each job description? ☐ Yes ☐ No ☐ N/A
6. Is there a Wellness program in place? Please attach a copy. ☐ Yes ☐ No ☐ N/A
7. Are safety incentives related to Workers' Compensation offered? If 'yes', please specify. ☐ Yes ☐ No ☐ N/A
8. Do you have a written and implemented "Return to Work" program? Please attach a copy. ☐ Yes ☐ No ☐ N/A
9. Do you provide a medical plan for your employees? ☐ Yes ☐ No ☐ N/A  
If 'yes', what is the percentage of employees enrolled? \_\_\_\_\_
10. Is there a contracted medical provider to treat injured employees? ☐ Yes ☐ No ☐ N/A

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

**Applicant's Statement - Important! Read Before Signing.**

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and be 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 be part of the policy.

Applicant understands and acknowledges the following:

The insurer's receipt and consideration of the Application Materials 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 had been issued.

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 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 issues in reliance on the information, statements, warranties and representations contained therein, and that 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.

Applicant understands that an inquiry may be made that will provide 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. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

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.

**California Applicants:** For your protection. California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Agency Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Broker's Authorized Signature

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Authorized Signature



**NATIONAL  
INTERSTATE**  
INSURANCE.  
Member of Great American Insurance Group

## WORKERS' COMPENSATION REQUIRED UNDERWRITING INFORMATION CHECKLIST

- ☐ National Interstate Workers' Compensation Application (signed)
- ☐ Loss Runs for each applicable entity (company loss runs for the current year and four (4) prior years valued within the past 60 days, along with the circumstances of all claims in excess of \$25,000)
- ☐ E-Mod worksheets for each applicable entity and state
- ☐ Independent Owner Operator/ Independent Contractor Agreement (if applicable)
- ☐ Permanent/Exclusive Lease Agreement (if applicable)
- ☐ Waiver of Subrogation Agreement (if applicable)
- ☐ Hold Harmless Agreement (if applicable)
- ☐ Collective Bargaining Agreement (CBA) (if applicable)
- ☐ Physical Abilities Testing Program (PATs) (if applicable)
- ☐ Written Safety Program (if applicable)
- ☐ Return to Work (RTW) (if applicable)

**Addendum A****Location Information (Continued from Page 2)**

	Address	Class Code	Payroll	Number of Employees	Average Weekly Wage
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
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24					
25					
26					

## Addendum B

**Payroll History (Continued from Page 2)**[illegible]