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HAZARDOUS MATERIAL SUPPLEMENTAL APPLICATION
 (Complete in addition to the Commercial Automobile Application)

Applicant's Name: _____

1. Description of operations: _____

Number of years in business: _____ Number of years under current management: _____

2. Is this operation a subsidiary or division of another company? Yes No
 If yes, advise the name of the company, their address and the relationship: _____

3. Have you ever operated under another name? Yes No
 If yes, what name? _____

4. Number of years you have had authority to transport hazardous material: _____
 Has your hazardous material operating authority (Federal or State) ever been suspended, revoked,
 withdrawn or under compliance review? Yes No
 If yes explain: _____

5. Gross Receipts:

Hazardous Materials	General Commodities	Total for all Operations
\$	\$	\$

6.

Largest/Major Cities Entered	Percent of Operation
	%
	%
	%
	%
	%

7. Number of owned/long term leased vehicles:
 _____ Tractors _____ Box Trucks _____ Box/Van Trailers _____ Flatbeds _____ Dump Trailers
 _____ Tank Trailers _____ Other Describe: _____

8. Number of owner/operator vehicles:
 _____ Tractors _____ Box Trucks _____ Box/Van Trailers _____ Flatbeds _____ Dump Trailers
 _____ Tank Trailers _____ Other Describe: _____

9. Who maintains the vehicles, including trailers?

Name: _____

Address: _____

How often are vehicles serviced? _____

10. List your ten (10) largest clients.

Name of Client	Name of Client

11. Identify the types of special driver training programs required to be completed by drivers.

- Emergency Vehicle Evacuation
 General Awareness / Familiarization
 Hazardous Material Handling
 OSHA or EPA Sponsored
 Regulatory Update
 Safety
 Security Awareness
 Other Describe: _____

12. Who is responsible for hazardous materials training for your drivers? _____

13. Who is responsible for the loading and unloading of hazardous materials? _____

14. Are the drivers trained to identify improperly labeled/marked or packaged hazardous materials? Yes No

15. Do your drivers have the authority to refuse a shipment if the hazardous material labeling/ loading/packaging is not in compliance with the federal regulations? Yes No
 Describe the procedures your employees use for refusing a load: _____

16. Are all drivers familiar with placard regulations, including the proper use and placement? Yes No

17. List all hazardous materials transported:

Hazardous Materials Classification	UN Number (United Nations)	Percent of Loads	Average Radius	Container Type	Trailer Type
Class 1: Explosives		%			
Class 2: Gases		%			
Class 3: Flammable liquids		%			
Class 4: Flammable solids; spontaneously combustible materials; and materials that are dangerous when wet		%			
Class 5: Oxidizers and organic peroxides		%			
Class 6: Poisons and etiologic materials		%			
Class 7: Radioactive materials		%			
Class 8: Corrosives		%			
Class 9: Miscellaneous		%			
ORM-D: Other regulated material		%			
Other (Describe):		%			

18. Are hazardous materials transported in bulk?..... Yes No

19. List non-hazardous materials transported.

Commodities	Percent of Loads	Average Radius	Trailer Type
	%		
	%		
	%		
	%		
	%		

Trailer Type: F = Flatbed Trailer, H = Hopper Trailer, T = Tanker Trailer, V = Van Trailer

Radius: 1-100 miles, 101-300 miles, 301-500 miles, greater than 500 miles

20. Name and title of full-time safety director: _____

21. If no full-time safety director, name and title of person in charge of safety: _____

22. Does the above person have the absolute power to hire and terminate drivers?..... Yes No

23. How often are safety meetings held? _____

24. Are safety meetings mandatory for all drivers?..... Yes No

25. Is there a driver award/bonus plan?..... Yes No

If yes, describe: _____

26. Is there an accident review procedure?..... Yes No

If yes, describe: _____

27. Is there an accident review board?..... Yes No

If no, who reviews accidents? _____

28. Do you allow passengers?..... Yes No

If yes , explain: _____

29. Are you responsible for the maintenance of owner/operated or leased equipment?..... Yes No

30. Are maintenance records retained on-site?..... Yes No

If no, explain: _____

31. Are MVR's reviewed for acceptability prior to hire or lease?..... Yes No

If yes, explain procedure: _____

32. How often are MVR's reviewed and by whom? _____

33. Criteria for hiring drivers: Minimum Age: _____ Years of HAZMAT Experience: _____

MVR Standards: _____

34. Current DOT safety rating and rating date: _____

35. List all currently used treatment, storage & disposal facilities including permit numbers/locations. _____

36. Do you select the disposal site for hazardous materials? Yes No

If no, who makes the selection? _____

37. Describe decontamination process: _____

38. Who authorizes hazardous materials manifests? _____

Is this a full-time position? Yes No

39. Do you carry Pollution Liability coverage? Yes No

Policy Number	Carrier	Limits	Term

40. Do you carry General Liability coverage? Yes No

Policy Number	Carrier	Limits	Term

41. Are all employees covered by Worker's Compensation? Yes No

If yes, provide carrier name: _____

42. Describe any other pertinent information about your business: _____

ATTACHMENTS LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION

- _____ Complete vehicle schedule including radius of operation
- _____ Verified loss runs currently valued for current year plus forty-eight (48) months minimum
- _____ Details of all losses in excess of ten thousand dollars (\$10,000).
- _____ Fuel tax records for most current year
- _____ Current driver information including years of experience

DO YOU HAVE THE FOLLOWING? IF YES, ATTACH COPY.

- Trip lease agreement? Yes No
- Driver's handbook? Yes No
- Driver training manual? Yes No
- Written MVR standards? Yes No
- Written safety program? Yes No
- Written vehicle maintenance program? Yes No
- Owner/operator contract? Yes No

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN FLORIDA):

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD WARNING (APPLICABLE IN MAINE):

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 a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)