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## Transportation Pollution Liability Supplement

(To be attached to the Environmental Contractors & Consultants Application)

Name of Agent: \_\_\_\_\_

**1) Cargos Transported:**  
**Check all that apply.**

- |                                       |  |
|---------------------------------------|--|
| 1) _____ Asbestos Containing Material | 14) _____ Insecticides - Liquid            |
| 2) _____ Contaminated Soil            | 15) _____ Insecticides - Solid             |
| 3) _____ Construction Debris          | 16) _____ Lab Chemicals                    |
| 4) _____ Construction Materials       | 17) _____ Lab Packs - Medical Waste        |
| 5) _____ Demolition Debris            | 18) _____ Lead Containing Material         |
| 6) _____ Explosives ABC               | 19) _____ Manure                           |
| 7) _____ Fertilizer – Bulk            | 20) _____ Paint, Paint Thinners            |
| 8) _____ Fertilizer - Liquid          | 21) _____ Petroleum Products - Packaged    |
| 9) _____ Gasoline, Diesel Fuel        | 22) _____ Radioactive Mat                  |
| 10) _____ Grease                      | 23) _____ Recycled Materials - Non Haz Mat |
| 11) _____ Hazardous Chemical          | 24) _____ Recycled Materials - Haz Mat     |
| 12) _____ Herbicides - Liquid         | 25) _____ Welding Supplies                 |
| 13) _____ Herbicides - Solid          | 26) _____ Other                            |

If other, please describe (attach separate sheet of paper if necessary): \_\_\_\_\_

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

3) Do you haul or transport materials for others?  Yes  No

4) **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:

**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.

5)

Vehicle Schedule:	Number	Radius of Operations	Cargo Transported	Tank Capacity
Private Passenger Autos				
Pickup Trucks				
Vans (All)				
Stake / Flat Bed Trucks				
Dump Trucks				

<b>Vacuum Trucks</b>				
<b>Tractors</b>				
<b>Trailers</b>				

**Please attach fully completed Acord Auto Application to this supplement. Please do not send this supplement without the Acords. Thank you.**

**Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_**