

Application

SUPPLEMENTAL ENVIRONMENTAL AUTOMOBILE LIABILITY

EIL-SEAL



NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT

INSTRUCTIONS

PROVIDE THE FOLLOWING DOCUMENTS AND MATERIALS ALONG WITH THE COMPLETED ORIGINAL SIGNED AND DATED APPLICATION:

- AT LEAST ONE YEAR OF AUDITED FINANCIALS.
- AT LEAST FIVE YEARS OF LOSS HISTORY (COMPANY LOSS RUNS) FOR AUTOMOBILE LIABILITY.
- DRIVER TRAINING/SAFETY MANUAL THAT INCLUDES LOADING/UNLOADING PROCEDURES.
- SPILL CONTINGENCY PLAN.
- VEHICLE MAINTENANCE PLAN.
- VEHICLE LIST INCLUDING VEHICLE IDENTIFICATION NUMBERS.

DESIRED EFFECTIVE DATE: _____

1. NAME INSURED: _____

POST OFFICE ADDRESS: _____

NAME, TITLE AND TEL. # OF CONTACT PERSON: _____

NAMED INSURED IS: INDIVIDUAL [] PARTNERSHIP [] CORPORATION []

NUMBER OF YEARS IN BUSINESS: _____

NAME OF INDIVIDUAL HANDLING INSURANCE: _____

2. NATURE OF TRANSPORTATION

MATERIAL:	ANNUAL AMOUNT	MEANS OF TRANSIT	% TRANSPORTED BY NAMED INSURED*	% TRANSPORTED BY THIRD PARTIES**
Haz. Solid Waste				
Haz. Liquid Waste				
Haz. Gas Waste				
Haz. Solid Material				
Haz. Liquid Material				
Haz. Gas Material				
Petroleum				
Explosives				
Other				

*including owner operators

**excluding owner operators

3. DRIVER INFORMATION

NUMBER OF DRIVERS EMPLOYED: _____ FULL TIME (35+HRS/WK): _____

PART TIME (< 35 HRS/WK): _____

NUMBER OF OWNER OPERATORS CURRENTLY CONTRACTED: _____

PLEASE ATTACH A SAMPLE CONTRACT.

DO THEY WORK EXCLUSIVELY FOR YOUR COMPANY?: _____

IF NO, WHAT PERCENTAGE IS HANDLED FOR OTHER CLIENTS?: _____

DOES DRIVER SELECTION INCLUDE:

	YES	NO		YES	NO
Written Application			Road Test		
Reference Checks			Physical Exam		
Written Test			Substance Abuse Test		
MVR Check			Personality Profile		

ARE THERE ANY DRIVERS UNDER YOUR EMPLOYMENT WITH CONVICTIONS WITHIN THE LAST THREE YEARS FOR DUI, DWI OR RECKLESS DRIVING?

HOW OFTEN ARE YOUR DRIVERS' MVRS CHECKED? _____

DO YOU HAVE MINIMUM EXPERIENCE REQUIREMENTS FOR YOUR DRIVERS? _____

PLEASE DESCRIBE: _____

DESCRIBE THE TRAINING GIVEN TO DRIVERS AND STATE THE FREQUENCY OF SUCH TRAINING: _____

DO YOU REQUIRE OWNER OPERATORS TO COMPLY WITH YOUR FLEET SAFETY MAINTENANCE AND DRIVER TRAINING PROGRAMS? YES [] NO []

4. FLEET CHARACTERIZATION

IDENTIFY THE NUMBER OF UNITS APPLICABLE TO EACH CATEGORY BELOW FOR WHICH COVERAGE IS REQUESTED:

VEHICLE TYPE	NO.	VEHICLE TYPE	NO.
Tractors		Van Trailers	
Tank Trailers >3,500gal.		Tank Trucks	
Tank Trailers <3,500 gal.		Vacuum Trucks	
Flat Bed Trailers		Flat Bed Trucks	
Dump/Hopper Trailers		Dump/Hopper Trucks	
Pick-up Trucks		Van Trucks	
Other		Other	

STATE THE ANNUAL AGGREGATE FLEET MILEAGE FOR EACH OF THE PAST FIVE YEARS:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

STATE THE TYPES OF MATERIALS YOU OR YOUR OWNER OPERATORS ARE PERMITTED TO TRANSPORT: _____

ARE THE VEHICLES EQUIPPED WITH THEFT ALARMS? _____

ARE THE VEHICLES EVER LEFT LOADED OVERNIGHT? _____

5. INSURANCE

NAME OF CURRENT COMMERCIAL AUTOMOBILE INSURANCE COMPANY: _____

POLICY TERM: _____ LIMIT OF INSURANCE: _____

IS MCS-90 ATTACHED TO THIS POLICY? _____

DOES THE POLICY PROVIDE POLLUTION LIABILITY INSURANCE? _____

If so, attach a written copy of the policy.

6. HAVE YOU DURING THE LAST FIVE YEARS BEEN PROSECUTED, OR ARE YOU CURRENTLY BEING PROSECUTED, FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OR THREATEN RELEASE OF A HAZARDOUS SUBSTANCE, HAZARDOUS WASTE OR ANY OTHER POLLUTANT? YES [] NO []

If yes explain: _____

7. HAVE YOU DURING THE LAST FIVE YEARS, HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES OR HAZARDOUS WASTE OR BEEN PROSECUTED, OR ARE YOU CURRENTLY BEING PROSECUTED, FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OR THREATEN RELEASE OF A HAZARDOUS SUBSTANCE, HAZARDOUS WASTE OR ANY OTHER POLLUTANT? YES [] NO []

If yes explain: _____

8. LIST ALL CLAIMS MADE AGAINST YOU DURING THE PAST SIX YEARS FOR CLEAN UP OR RESPONSE ACTION, "TOXIC TORT", OR OTHER BODILY INJURY OR PROPERTY DAMAGE, RESULTING FROM THE RELEASE OF TOXIC HAZARDOUS SUBSTANCES, HAZARDOUS WASTE OR OTHER POLLUTANTS, FROM THIS LOCATION OR OTHER LOCATIONS OWNED BY YOU, INTO THE ENVIRONMENT. PROVIDE A BRIEF DESCRIPTION. IF NONE SO STATE.

NOTE: COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE OR POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED AND BECOME PART OF THE POLICY.

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY. IT IS THEREFOR NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. ALL WRITTEN STATEMENTS AND MATERIAL FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

APPLICANT: _____ BY: _____
(Corporate Officer Signature)

PRINT NAME: _____

TITLE: _____ DATE: _____

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