



## LIMITED POLLUTION COVERAGE QUESTIONNAIRE WORKSITE DAMAGES and COMMERCIAL AUTOMOBILE COVERAGE

Named Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| <b>I. GENERAL (Always complete)</b>  |                          |                          |                          |
| a. Description of Operation _____  |                          |                          |                          |
| b. How long has the insured performed the type of work for which he is seeking this coverage?<br>_____   |                          |                          |                          |
| c. Does the insured or has the insured accepted work at waste facilities or sites designated for clean up by a governmental Agency? If yes, describe: _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the insured hire subcontractors to perform digging or trucking operations? If yes, describe: _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. What is your radius of operation? _____   |                          |                          |                          |
| f. Has the insured been subject to any regulatory enforcement action for violation of any law relating to the storage, use or release of pollutants or contaminants at or from any location? If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Has the insured had any pollution liability incidents, losses or claims (whether or not covered by insurance)? If yes, describe: _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**II. WORKSITE DAMAGES SECTION (Complete if coverage is desired)**

a. Liability & Clean-up Sublimit (Indicate limit desired)     \$100,000     \$500,000     \$1,000,000

b. What hazardous materials do you bring to the worksite? Describe: \_\_\_\_\_

c. Does the insured phone to secure information on the location of underground services before digging?           

d. Has the insured ever installed or removed underground storage tanks? If yes, describe: \_\_\_\_\_           

e. Has the insured ever performed work for chemical manufacturers, the petroleum industry, gas companies, or similar? If yes, describe: \_\_\_\_\_           

**III. COMMERCIAL AUTOMOBILE (Complete if coverage is desired)**

The liability limits provided by this form will equal the liability limits of the commercial auto policy to which it is attached

a. Do any vehicles carry hazardous materials? If yes,           

Describe materials transported: \_\_\_\_\_

Which vehicles carry a cargo of fuel or other hazardous materials? \_\_\_\_\_

What is the cargo-tank capacity, how are they used, and how much over the road operation is there? \_\_\_\_\_

b. Are the insured's vehicles ever used to haul for others? If yes, describe including which vehicles are used and the materials hauled for others: \_\_\_\_\_           

c. Do you have a DOT Motor Carrier Number? If yes, please enter it here \_\_\_\_\_

d. Is the insured required to provide an MCS-90 or similar filing?