



THE MATTEI COMPANIES

Liquid Waste Supplemental Application

Today's Date

Date Quote Needed

Applicant FEIN

Website Address

1 List all business owners, principals and officers and indicate their title

Name

Title

2 If the applicant has been in business less than three full years, describe applicant's prior work history in the same industry.

3 Describe any material changes in the applicant's operations during the past five years.

4 Does the applicant employ subcontractors? If Yes,

a Describe the work performed or provide a copy of the subcontractor's agreement.

b Does the applicant require the subcontractor to provide certificates of insurance?

c What are the minimum requirements?

d Describe the procedures used to monitor the timely receipt of certificates of insurance.

5 Does the applicant have any tanks or fueling facilities on premises?

a What do the tanks contain?

c What is the tank capacity?

Gal

e Are the tanks above or below ground?

g How are the tanks protected from vehicular collision?

b How many tanks are there?

d When were the tanks installed?

Year

f Date of most recent tank inspection

6 If the public is allowed on applicant's premises, describe the applicant's visitor policy.

Property

1 Does the applicant do any spray painting?

a Are spray booths used?

	b	How are the booths ventilated or otherwise protected?	
2	Does the applicant store chemicals, solvents and flammable materials? If Yes, describe storage methods		

General Liability

1	Has the applicant ever been cited by the EPA or any federal, state or local regulatory agency for:		
	a	Illegal or unlawful dumping of waste? If Yes, explain	
	b	For any other violations? If Yes, explain	

2	How are waste oils, lubricants, waste chemicals and by-products and other hazardous compounds stored or disposed of?		
	a	Those you generate	
	b	Those you collect	

3	Indicate the types of services provided by entering the percentage of total revenue generated by each.			
	Portable Restrooms		Excavation or Backhoe-type Work	
	Septic Tank/Cesspool Cleaning or Pumping		Plumbing	
	Septic Tank/Cesspool Inspection		Garbage or Waste Removal	
	Septic Tank/Cesspool Installation		Contractor's Equipment Rental (other than portable restrooms)	
	Drainpipe Cleaning		Other (describe)	
	Drainpipe Rehabilitation		Other (describe)	
	Grease Trap Cleaning			

4	If the applicant provides portable restroom services, answer the following:		
	a	Total number of portable restrooms	
	b	On an annual basis, what percentage of portable restrooms are provided to:	
		i Construction or industrial job sites	
		ii Special events or locations where the general public is present?	
	c	What percentage of portable restrooms are emptied to a waste treatment facility?	
	d	Does the applicant do any land application?	If Yes, what %?
	e	How are portable restroom units secured for transport?	
	f	Does the applicant have a dewatering system on premises?	

Automobile

1	What is the applicant's DOT or MC number?		
2	What percentage of the applicant's operational territory is:		
	Rural	Suburban	Metropolitan
3	For Liquid Waste operations:		
	a	Enter round trip mileage for the average route	b Round trip mileage for the longest route
	c	Enter the average weekly mileage	

4 List total number of vehicles by type and indicate those fitted with safety equipment and those with limited usage.															
		Total Number of Vehicles by Type	How Many Are Fitted With										How Many Are Used		
			GPS	Rearview Camera	Battery Disconnect	Fender Spot Mirrors	Reflective Tape	Engine Monitoring	Lift Gate	Baffles	Back Up Alarms	Eye Wash Solution	Fire Extinguishers	Two Days or Less per Week	As Spares & Less than 10 Days/Year
Service Pickup															
Private Passenger															
Tank or Vacuum Truck															
Truck Tractor															
Flat Bed Truck															
Trailer - Tractor															
Trailer - Utility															
Trailer - Flat Bed															
Other															
5 Enter the number of people employed by the applicant in each of the following categories and their annual payroll:															
		Total #	Annual Payroll						Total #	Annual Payroll					
Drivers							Drivers' Helpers								
Mechanics							Supervisory Staff								
Office Staff							Other (describe)								
6 Total # of Drivers			% that hold CDLs						% PSAI certified						
7 How are drivers compensated?						If Other, describe									
8 What percentage of routes are		One Person		Two Person		More than 2 Person									
9 Does the applicant service its own vehicles? If Yes:															
a Describe types and frequency of vehicle maintenance work performed															
b How long are maintenance reports retained:						Pre-trip?						Post-trip?			
10 Are retreads used on commercial vehicles?															
11 Does the applicant provide any auto or equipment repair service to others?															
a If Yes, describes type and frequency of vehicle maintenance work performed.															
b What is the annual revenue derived from work performed on vehicles for others?															
12 How frequently are brakes serviced?															
13 If any of the vehicles are laid up on a regular basis during the year, describe vehicles, circumstances and frequency/duration.															
14 Does the driver selection process include:															
Written application						Reference checks (including most recent employer)									
Drug testing						Road test									
Physical exam						Polygraph test									
Other (describe)						Other (describe)									
15 Is there a requirement for prior experience driving the same vehicle type?															
a If Yes, what % of new drivers have more than 3 years experience driving the same vehicle type?															
b If No, what % of new drivers have no experience with the same vehicle type?															

16	Does driver training include:			
	Review of company rules and policies		Daily vehicle inspection procedures	
	Equipment familiarization		Training for handling certain commodities	
	Route familiarization		Accident reporting procedures	
	Name of safety manager		Phone number of safety manager	
	Ride along with experienced driver		If yes, how long is ride along required?	
	Other (describe)		Other (describe)	
17	How often does the applicant obtain updated MVRs?			
18	What are the applicant's standards for an acceptable MVR?			
19	Does the applicant obtain MVRs for all employees?			
	a	If No, list the position titles of those for whom MVRs are not ordered.		
20	Driver Turnover			
	a	How many of the drivers have been with the applicant more than two years?		
	b	How many drivers have been hired within the past 12 months?		
	c	What is the average length of employment for drivers?		
				Yrs
21	Does the applicant employ a safety manager? If Yes,			
	a	If the safety manager is part-time, indicate % of time allocated to safety duties		
	b	Describe other assigned duties		
22	Does the applicant hold safety meetings? If Yes,			
	a	How frequently?		
	b	Is attendance mandatory? If No, explain:		
	c	Are safety meeting notes documented in written form? If No, explain:		
23	Indicate the types of safe driving incentives/devices utilized by the applicant:			
	Safety awards		Speed governors	
	"How's My Driving?" bumper stickers		Trip recording (tachographs, on-board computers, etc)	
	Fuel conservation bonuses		Other (describe)	
	Other (describe)		Other (describe)	
24	What is the applicant's policy on the use of cellular phones while operating company vehicles?			
25	Describe the applicant's accident review procedure.			
	a	Are accidents recorded so repeaters can be easily identified?		
	b	Describe the disciplinary policy for drivers involved in serious or multiple accidents or violations.		

26	What percentage of vehicles travel in or through metropolitan areas (population > 750,000)?			
27	Does the applicant travel to Canada or Mexico?			
28	Does the applicant have a company policy regarding non-business/personal use of company vehicles? If Yes,			
	a	Is the policy written?		
	b	How is the policy communicated to employees?		
	c	Are employees allowed to take vehicles home in the evening?		
		If Yes, indicate authorized employees on driver's list		
	d	Are family members of authorized employees allowed to use company vehicles? If Yes,		
		Name of Family Member	Driver's License #	Name of Family Member
29	Are family members or other non-employees allowed to ride in the vehicles with drivers?			
30	Is vehicle storage lot fenced and locked at night?			
Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)				
I (We) have read and understand the preceding statement regarding fraud and certify that the information contained in this application is true, correct and complete to the best of my (our) knowledge. The undersigned further certifies that he/she is an authorized representative of the applicant.				
Applicant's Signature/Title		Date	Producer's Signature	Date