

Columbia Insurance Company National Fire & Marine Insurance Company National Liability & Fire Insurance Company National Indemnity Company National Indemnity Company of the South National Indemnity Company of Mid-America Worldwide Facilities, LLC 3399 Peachtree Rd NE, Ste 1690 Atlanta, GA 30326

## Truck Application

R	eview	the applica	ation for accura	acy. * denotes information that needs to be completed	d.	
	1.	Policy Te	rm 12/05	/2024 - 12/05/2025		
	2.	Named II	nsured L	JNIQUE ENVIRONMENTAL SERVICES LLC		
*	3.	DBA				
	4.	Entity Ty	pe Inc	dividual Partnership X Corporation	on Other	
*	5.	Business	Phone Num	4789291997	Email Address	uniqueenviron@gmail.com
*	6.	Mailing A	ddress 20	02 Stalnaker Ave	- ARRANA	bsite
*	7.	City	Warner Rol	oins	State GA	Zip 31088
*	8.	Premises	Address	same	Otate	ZIP manufacture
*	9.	City			State	Zip
*	10.	Yes	x No	Have you ever had insurance with one of the		
C	ove	rages	***************************************		***************************************	
	iabili			\$1,000,000 Combined Single Lim	nit	
1	Inins	ured Moto	orist (BI)	Not Purchased		
M	edic	al Paymer	nts	Not Purchased		
						The second secon
L	0	perations	***************************************			
*			Description	Roll off dumpster Contractor		
		Vehicle L		Roll off dumpsters and porta potties	7	
	13.	Yes	x No	New Venture? Years experience		
		X Yes	No	Is this your primary business? If no, explain		***
		X Yes	No	Do you haul for hire?		
		X Yes	□ No			
*	17.	I Tes	□ NO	Do you haul your own cargo exclusively? If no Gross receipts last year		stimate for coming year
	18.	Yes	X No	Do you operate in more than one state? If yes		
*	19.			What is the largest city entered?	,	
	20.	Yes	X No	Do you do repossessions?		
*	21.	Yes	X No	Do you operate over a regular route? If yes, s	show towns operate	ed between
*	22.	Yes	x No	Are you a common carrier?		
*	23.	Yes	X No	Are you a contract hauler? If yes, for whom?	***************************************	
*	24.			Types of cargo hauled		
*	25.	Yes	X No	Do you haul hazardous materials? If yes, list		
	26.	Yes	X No	Do you pull double trailers?		
*	27.	Yes	X No	Do you pull triple trailers?		
*	28.	Yes	X No	Do you rent or lease your vehicle to others?		
*	29.	Yes	x No	Do you hire any vehicles?		
	Lo	ss Experi	ience			
*	30.	X Yes	☐ No	Have you ever been declined, canceled or no	n-renewed for this	kind of insurance?
				If yes, explain <u>Everest non-renewed</u> in		
*	31.	X Yes	☐ No	Have you previously had commercial auto ins	urance?	
				If yes, name of prior insurance company	NICD	
*				Number of accidents in the past 3 years	see loss runs	
*				Include loss runs or provide details of losses	loss ru	ans included
M-5	690 (	02/2012)			***************************************	

			License	•	Exp	erience
Name 1 see driver schedule	Date of Birth	State	Number	Туре	Type of Unit	# of Years
2		_				
3						
4						
5						

			idents and M Violations i	linor Moving n Past 3 Year		Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)		
	Name	# of Accidents Date(s)		# of Violations	Date(s)	Describe conviction	Date(s)	
	see driver schedule							
	2							
	3							
	4							
-	5							

*	32.	X Yes		No	Are drivers covered	by	workers	compensation?
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## Vehicles

veni	Cles							
	vehicle schedule attached Year, Make, Model VIN	Body Style (Pickup, Wrecker, Rollback, Dump, etc.)	Gross Vehicle Weight (GVW)	Garaging Address	Radius	Annual Mileage	# of Rear Axles	On- Board Safety Devices*
*		e						
*								
*								
*								
*								
*	1							

<sup>\*</sup>On-Board Safety Devices: Lane Departure Warning (LDW), Collision Warning (CW), Electronic Stability Control (ESC), or Side Object Detection (SOD) where not required by law

		Physical D	amage			In-Tow (T)	or Cargo (G)	Loss Payee (L) or Additional Insured- Lessor (A
Veh.#	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	T G	Limit	Deductible	and provide name and address
1								
2								
3								
4					1		0	
5							0	
6	<b>†</b>				+			

<sup>\*\*</sup>Include the value of A/V equipment permanently installed in the vehicle

	Cargo			Percent of	Maximum	Average	Type of Coverage Broad Form Named Perils
	Describe	cargo hauled		hauling	Value	Value	
							Additional Coverage Options
							Loading & Unloading Exclude Theft
							Refrigeration Breakdown Hired Car Cargo
							Earned Freight Additional Insured
L							Endorsement (Lessee)
Filing	s (comple	ete if filings a	ro hoing roas	rooted)			
	L						
33.	Yes	No		A filing require		number	Management of the Control of the Con
				rity do you ha		Broker	Common Contract
34.			If you hold a	a broker's lice	nse, identify	name filed v	with FHWA, FHWA docket number, and receipts from
			brokerage of	perations _			
35.			If you are a	n interstate re	gulated carri	er, identify y	our registration or base state
36.	Yes	No					and permit number
37.							eck name on permits)
38.				name and ad			
39.	Yes	No	Is MCS 90	endorsement	needed?		
40.	X Yes	No	Is our policy	to cover all v	ehicles owne	ed, operated	d or under lease to applicant?
			If no, explai			, ,	The second secon
41.	Yes	X No	Are oversize	e/overweight o	commodities	hauled? If f	iling required, show states
42.	Yes	☐ No		ehicles towed			
43.	Yes	XXIO					zardous commodities?
44.	Yes	X No					es under your authority?
45.	Yes	X No		er Canada? If			
46.	Yes	X No		er Mexico? If y		***************************************	
47.	Yes	X No		ver changed y		name? If	/es. explain
48.	Yes	XXNo		rate under any			
49.	Yes	X No					ny? If yes, explain
50.	Yes	X No					operations that are not covered?
			If yes, expla		,		perduction that dro flot obvolva.
51.	Yes	X No		e your author	ity? If ves. ex	olain	
52.	Yes	X No					ctors to operate on your behalf?
			If yes, expla				oracio di your borian.
53.	Yes	X No	, ,		with other ca	arriers for th	e interchange of equipment or transportation of loads?
							I complete the following:
				has such agre			somplete the following.
54.	Yes	X No			, ,		ility insurance?
				of insurance			
			-				ne agreement(s) operate?
55.	Yes	X No		old Harmless			agreement(3) operate:
56.	Yes	X No		er, hire or leas			avolain
00.			20 , 30 bar	o., imo or ioas	o dily verilor	oo: n yes, t	
	1.5						
Additio	onal Comr	ments:					

	Year, Make, Model VIN	Body Style (Pickup, Wrecker, Rollback, Dump, etc.)	Gross Vehicle Weight (GVW)	Garaging Address	Radius	Annual Mileage	# of Rear Axles	On- Board Safety Devices*
*								
		,						

		Physical [	Damage			In-Tow (T)	or Cargo (G)			
Veh.#	Stated Amount			d. Collision	T G	Limit	Deductible	Loss Payee (L) or Additional Insured- Lessor ( and provide name and address		