

Auto eXposure Liability for Environmental (AXLE)

Trucking Eligibility Statement

The following transportation exposure classes are NOT eligible for the AXLE product:

1. Except with regard to food grade materials and liquids, no tanker trucks (*inclusive of intermodal tank containers*), or other automobiles transporting bulk liquids or gases in containers with capacity greater than 500-gallons;
2. Any of the following Classes of Cargo:
 - DOT Hazard Class 1: Explosives;
 - DOT Hazard Class 2.3: Poisonous Gas;
 - DOT Hazard Class 6: Toxic Substances and Infectious substances;
 - DOT Hazard Class 7: Radioactive material. This prohibition does not apply to the transportation of medical or other waste containing low-level amounts of radioactive material.
3. Any account with the following:
 - Emergency Response Vehicles
 - Livery, Buses, or any Public Transport.
4. Any account that has less than three (3) consecutive years of experience operating under their own name and operating authority.

By checking this box I acknowledge that I have read the above eligibility requirements and this truck risk complies.

Applicant Information

Please enter the details of the prospective insured, and not the broker, below.

USDOT Number _____

Name of Applicant _____

DBA (*Doing business as*) _____

Business Mailing Address _____

City _____ State _____ Zip _____

Principal Contact First Name Principal _____ Contact Last Name _____

Email Address _____ Telephone Number _____

Website Address _____

Truck Information

Yes No

Please enter the total number of Power Units in the Applicant's fleet _____

- | | | |
|---|--------------------------|--------------------------|
| 1. During the requested policy term, will the applicant carry the broadened pollution endorsement CA 99 48, or equivalent with minimum limits of \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the last three (3) years, has the applicant experienced any pollution related loss associated with transported cargo? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are more than 10% of the applicant's drivers under the age of 23 Years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the applicant use self-driving trucks? | <input type="checkbox"/> | <input type="checkbox"/> |

Truck Information Continued

	Yes	No
5. Has the applicant had any auto liability coverage canceled or non-renewed for reasons other than non-payment within the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the applicant haul hazardous material in bulk? <i>Bulk hazardous material is (i) a bulk packaging having a capacity of 3,500 gals. for liquids or gases, or more than 468 cubic feet for solids; or (ii) a shipment in other than bulk packaging of 5,000 lbs. gross weight.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the applicant haul any hazardous or non-hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>

Site Eligibility Statement

To qualify for Site Pollution Coverage, the applicant's Sites can consist of ONLY the following acceptable uses: Truck Yard, Truck Terminals, Truck Stops, Parking, Vacant Land, Office, Warehouses and no aboveground storage tank (AST) is greater than 25 years of age.

By checking this box I acknowledge that I have read the above eligibility requirements and this Site risk complies.

Site Pollution Information

Site Type	Address	Capacity	ASTs	Contents

For any Site entered above:	Yes	No
1. Within the last three (3) years has the applicant been involved in any pollution incidents in excess of \$10,000 at any location to be covered?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any conduct major auto body repair on premises? <i>Routine maintenance such as truck cleaning, work on tires, lights or mechanical fluids does not constitute major auto body repair.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any have any cold storage warehouses on the premises that use anhydrous ammonia?	<input type="checkbox"/>	<input type="checkbox"/>

Claims

	Yes	No
In the last five years have any claims been made or legal actions, including regulatory actions, been brought against the applicant for environmental or pollution related incidents?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?	<input type="checkbox"/>	<input type="checkbox"/>

Fraud Statement

The undersigned insurance broker and applicant declare and represent that to the best of their knowledge and belief, the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

The insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the insurer and shall not stop the insurer from relying on any statement in this application in the event the policy is issued. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information concerning any material fact thereto, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Notice To Alabama Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Warranty Statement

Warranty, Authorized Signature, and Continuing Duty to Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;

Are true, accurate and complete; and

Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Sign Document

Print Name (Typed broker name) _____ **Date** _____

Signature (e-Signature broker name) _____

State Specific Fraud Warnings

Notice To Alabama Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Notice To Alaska Applicants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Notice To Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice To Arkansas Applicants: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

State Specific Fraud Warnings *Continued*

Notice To California Applicants: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice To Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice To Delaware Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice To District Of Columbia Applicants: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice To Florida Applicants: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Notice To Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice To Idaho Applicants: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Notice To Indiana Applicants: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Notice To Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Notice To Louisiana Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice To Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice To Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice To Minnesota Applicants: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice To New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.

Notice To New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice To New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

State Specific Fraud Warnings *Continued*

Notice To New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice To Ohio Applicants: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice To Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice To Oregon Applicants: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Notice To Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Notice To Rhode Island Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice To Tennessee Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice To Texas Applicants: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice To Tennessee, Virginia, And Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice To West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.