

National Casualty Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

HAZARDOUS MATERIAL SUPPLEMENTAL APPLICATION
 (Complete in addition to the Commercial Automobile Application)

Applicant's Name: _____

1. Description of operations: _____

Number of years in business: _____ Number of years under current management: _____

2. Is this operation a subsidiary or division of another company? Yes No
 If yes, advise the name of the company, their address and the relationship: _____

3. Have you ever operated under another name? Yes No
 If yes, what name? _____

4. Number of years you have had authority to transport hazardous material: _____
 Has your hazardous material operating authority (Federal or State) ever been suspended, revoked, with-
 drawn or under compliance review? Yes No
 If yes, explain: _____

5. Gross Receipts:

Hazardous Materials	General Commodities	Total for All Operations
\$	\$	\$

6.

Largest/Major Cities Entered	Percent of Operation
	%
	%
	%
	%
	%

7. Number of owned/long term leased vehicles:

_____ Tractors _____ Box Trucks _____ Box/Van Trailers _____ Flatbeds _____ Dump Trailers
 _____ Tank Trailers _____ Other (Describe): _____



8. Number of owner/operator vehicles:

_____ Tractors _____ Box Trucks _____ Box/Van Trailers _____ Flatbeds _____ Dump Trailers
 _____ Tank Trailers _____ Other (Describe): _____

9. Who maintains the vehicles, including trailers?

Name: _____
 Address: _____
 How often are vehicles serviced? _____

10. List your ten (10) largest clients:

Name of Client	Name of Client

11. Identify the types of special driver training programs required to be completed by drivers:

- Emergency Vehicle Evacuation General Awareness/Familiarization Hazardous Material Handling
 OSHA or EPA Sponsored Regulatory Update Safety
 Security Awareness Other (Describe): _____

12. Who is responsible for hazardous materials training for your drivers? _____

13. Who is responsible for the loading and unloading of hazardous materials? _____

14. Are the drivers trained to identify improperly labeled/marked or packaged hazardous materials? Yes No

15. Do your drivers have the authority to refuse a shipment if the hazardous material labeling/loading/packaging is not in compliance with the federal regulations? Yes No
 Describe the procedures your employees use for refusing a load: _____

16. Are all drivers familiar with placard regulations, including the proper use and placement? Yes No

17. List all hazardous materials transported:

Hazardous Materials Classification	UN Number (United Nations)	Percent of Loads	Average Radius	Container Type	Trailer Type
Class 1: Explosives		%			
Class 2: Gases		%			
Class 3: Flammable liquids		%			
Class 4: Flammable solids; spontaneously combustible materials; and materials that are dangerous when wet		%			
Class 5: Oxidizers and organic peroxides		%			



Hazardous Materials Classification	UN Number (United Nations)	Percent of Loads	Average Radius	Container Type	Trailer Type
Class 6: Poisons and etiologic materials		%			
Class 7: Radioactive materials		%			
Class 8: Corrosives		%			
Class 9: Miscellaneous		%			
ORM-D: Other regulated material		%			
Other (Describe):		%			

18. Are hazardous materials transported in bulk? Yes No

19. List non-hazardous materials transported:

Commodities	Percent of Loads	Average Radius	Trailer Type
	%		
	%		
	%		
	%		
	%		

Trailer Type: F = Flatbed Trailer, H = Hopper Trailer, T = Tanker Trailer, V = Van Trailer

Radius: 1-100 miles, 101-300 miles, 301-500 miles, greater than 500 miles

20. Name and title of full-time safety director: _____

21. If no full-time safety director, name and title of person in charge of safety: _____

22. Does the above person have the absolute power to hire and terminate drivers? Yes No

23. How often are safety meetings held? _____

24. Are safety meetings mandatory for all drivers? Yes No

25. Is there a driver award/bonus plan? Yes No

If yes, describe: _____

26. Is there an accident review procedure? Yes No

If yes, describe: _____

27. Is there an accident review board? Yes No

If no, who reviews accidents? _____

28. Do you allow passengers? Yes No

If yes, explain: _____

29. Are you responsible for the maintenance of owner/operated or leased equipment? Yes No

30. Are maintenance records retained on-site? Yes No
 If no, explain: _____
31. Are MVRs reviewed for acceptability prior to hire or lease? Yes No
 If yes, explain procedure: _____
32. How often are MVRs reviewed and by whom? _____
33. Criteria for hiring drivers: Minimum Age: _____ Years of HAZMAT Experience: _____
 MVR Standards: _____
34. Current DOT safety rating and rating date: _____
35. List all currently used treatment, storage and disposal facilities including permit numbers/locations: _____
36. Do you select the disposal site for hazardous materials? Yes No
 If no, who makes the selection? _____
37. Describe decontamination process: _____
38. Who authorizes hazardous materials manifests? _____
 Is this a full-time position? Yes No
39. Do you carry Pollution Liability coverage? Yes No
- | Policy Number | Carrier | Limits | Term |
|---------------|---------|--------|------|
| | | | |
40. Do you carry General Liability coverage? Yes No
- | Policy Number | Carrier | Limits | Term |
|---------------|---------|--------|------|
| | | | |
41. Are all employees covered by Worker's Compensation? Yes No
 If yes, provide carrier name: _____
42. Describe any other pertinent information about your business: _____

ATTACHMENTS LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION

- Complete vehicle schedule including radius of operation
- Verified loss runs currently valued for current year plus forty-eight (48) months minimum
- Details of all losses in excess of ten thousand dollars (\$10,000)
- Fuel tax records for most current year
- Current driver information including years of experience

DO YOU HAVE THE FOLLOWING? IF YES, ATTACH COPY.

Trip lease agreement? Yes No Driver's handbook? Yes No
Driver training manual? Yes No Written MVR standards? Yes No
Written safety program? Yes No Written vehicle maintenance program? Yes No
Owner/operator contract? Yes No

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 purpose 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 files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



NOTICE TO OHIO APPLICANTS: Any person who, with 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: 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 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)