

WESTERN NATIONAL INSURANCE GROUP

Western National Mutual Insurance
Pioneer Specialty Insurance

Western National Assurance
Umialik Insurance Company

Septic/Portable Sanitation Services Supplement

1. Named Insured _____ Years in business? _____
2. Describe your business operations _____

3. Check services you provide:

<input type="checkbox"/> Tank Pumping	<input type="checkbox"/> Septic System Service/Maintenance	<input type="checkbox"/> Septic System Inspections
<input type="checkbox"/> Clean Grease Traps	<input type="checkbox"/> Tank/Drain Field Installation/Excavation	<input type="checkbox"/> Hazardous Waste
<input type="checkbox"/> Portable Toilet Rental	<input type="checkbox"/> Retail Sales of Septic/Plumbing Products	<input type="checkbox"/> Septage Land Application
<input type="checkbox"/> Septage Sales	<input type="checkbox"/> Other Describe _____	
4. Do you subcontract work to others? Yes No Describe Type: _____
Total Cost: \$ _____
5. Do you follow a documented driver/employee hiring and training program? Yes No
If yes, list topics covered or attach copy.

6. Are employees provided proper personal protective equipment/training and personal hygiene products (i.e. hand sanitizers, etc.)? Yes No
7. How often do you review driver's motor vehicle records? Check all that apply.
 Pre-employment Annually Other (describe) _____
8. Do you have a drug and alcohol-testing program? Yes No
9. Do you conduct background checks including reference/criminal history on your drivers/employees?
 Yes No
10. Are there any active driver(s) who have had their license suspended or revoked within the past three years?
If yes, list. _____
11. Do your technicians collect payments at job sites? Yes No
12. How are drivers paid? _____
13. Do you have a vehicle replacement policy? Yes No
14. Are the tanks on your trucks baffled? Yes No
15. How are tank trucks garaged? Indoors _____ Outdoors _____ Both _____

16. Describe property/vehicle security when parked? (For all locations)
17. Do you follow a documented vehicle inspection and maintenance program? Yes No
If yes, describe or attach copy. _____

18. Do you perform any repair/service work for others? Yes No
If yes, describe. _____
19. Are all vehicles equipped with back-up alarms? Yes No
If no, describe. _____
20. How many office/garaging locations do you own/operate? _____
List below or attach a list of location addresses.

21. Do you own/operate excavating equipment? Yes No
22. Do you cross state lines? Yes No If yes, describe. _____

23. Do you have an electronic device policy prohibiting usage while driving? (i.e. cell phones, headphones, etc.)
 Yes No
24. List any Professional Industry Associations you belong to. _____
25. How do you dispose of septage? Sanitary Sewer Storage Land Applicate
 Incinerator Other

26. If you land applicate septage, who owns the land?

27. Are proper permits and licenses obtained and current? Yes No
28. Are soil tests performed? Yes No Are records kept? Yes No
29. Have you ever been cited for improper disposal? Yes No
If yes, explain. _____
30. Have you ever had a claim or complaint for noxious odor filed against you? Yes No If yes, describe.

31. Do you handle any hazardous waste? Yes No If yes, describe. _____

Septic Services

- 32. What percentage of your business is: Commercial _____% Residential _____%
- 33. Do you follow the PSMA/NOF standards? Yes No
- 34. Do you perform tank inspections? Yes No If yes, describe method used. _____

- 35. Do you enter confined spaces? Yes No
- 36. If yes, do you have a formal confined space entry program? Yes No
- 37. Do you sell septage as fertilizer? Yes No
- 38. If yes, are pre-treatment instructions provided? Yes No
- 39. Do you handle any hazardous waste? Yes No If yes, describe. _____

Portable Sanitation Services

- 40. Do you follow the PSAI standards? Yes No
- 41. How many portable toilets do you own? Standard _____ Handicap _____ Special Amenity _____
- 42. Do any toilets have electrical power capability? Yes No If yes, is electrical system regularly inspected and circuit grounded? Yes No
- 43. Do you rent trailer type facilities? Shower Restrooms
- 44. Do you rent baby/child care stations? Yes No
- 45. How are portable toilets stored and secured at your location? Describe. _____

- 46. Do you have a formal portable toilet inventory management process? Yes No
- 47. Is load securement training provided? Yes No
- 48. How are portable toilets secured during transit? Describe. _____

- 49. What types of material handling devices are used to load/unload/position portable toilets at designated locations? _____
- 50. Do you instruct your technicians in proper toilet securement and stabilization at designated locations?
 Yes No

51. Do you have a policy regarding onsite portable toilet inspection/maintenance and cleaning? Yes No
52. Do you use antimicrobial cleaning agents when cleaning portable toilets? Yes No
53. Check types of signage used in/on toilets. Service Log _____ Reflective Tape _____ Hand washing _____
 Watch your Step _____ Other _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. **(Not applicable in MN, OR, or WA)**

MINNESOTA: 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.

OREGON: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

Dated _____ Dated _____

 Agent's Signature

 Signature of Applicant
 (Must be signed by Named Insured)