

# Hazardous & Dangerous Goods Supplement



Name of Applicant / Insured:	Policy Number:	Effective Date:
Broker Name & Number		In Business since

## Oil & Gas Commodities:

### General Information:

How long has the Insured been transporting dangerous goods? Is this a new venture?

What percentage of the Insured's overall operations is hauling dangerous goods?

What type of Oil & Gas commodities does the Insured haul:

**Chemical products:** Yes ☐ No ☐

Provide details of commodity transported:

**Petroleum products:** Yes ☐ No ☐

Provide details of commodity transported:

**Crude oil products:** Yes ☐ No ☐

Provide details of commodity transported:

List of Commodities					
Automobile #	Commodity	UN Number (PIN / Placard)	How transported? (Tank/ Pallet/ Skid/ Tote/ Cylinders)	Quantity	How is the load secured during transport?

Radius Breakdown					
	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4	Vehicle #5
Normal Radius					
Maximum Radius					
Furthest Destination					
Frequency of trips					
Any U.S. exposure? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the minimum and maximum radius, furthest destination, and frequency of trips:					

Driver Information (Provide details of all drivers operating vehicles transporting dangerous goods)					
Vehicle #	Driver Name	License #	Date of Birth	Years experience hauling dangerous goods	Experience letter provided?

**Radioactive Materials:**

**General Information:**

How long has the Insured been transporting radioactive materials? Is this a new venture?

What percentage of the Insured's overall operations is hauling radioactive materials?

Name and UN Number of radioactive material carried:

Quantity of radioactive material carried (1 curie = 37 Giga-becquerels):

How are radioactive materials transported (sealed device, handheld device, x-ray)? Provide details.

Radius Breakdown					
	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4	Vehicle #5
Normal Radius					
Maximum Radius					
Furthest Destination					
Frequency of trips					

Any U.S. exposure?      Yes ☐    No ☐

If yes, please provide the minimum and maximum radius, furthest destination, and frequency of trips:

Driver Information (Provide details of all drivers operating vehicles transporting radioactive materials)					
Vehicle #	Driver Name	License #	Date of Birth	Years experience hauling dangerous goods	Experience letter provided?

**Explosives:**

**General Information:**

How long has the Insured been transporting explosives? Is this a new venture?

What percentage of the Insured's overall operations is hauling explosives?

Name and UN Number of explosive material carried:

Quantity of explosive material carried (net weight):

How are explosive materials transported? Provide details.

<b>Radius Breakdown</b>					
	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4	Vehicle #5
Normal Radius					
Maximum Radius					
Furthest Destination					
Frequency of trips					
Any U.S. exposure?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please provide the minimum and maximum radius, furthest destination, and frequency of trips:					

<b>Driver Information (Provide details of all drivers operating vehicles transporting explosive materials)</b>					
Vehicle #	Driver Name	License #	Date of Birth	Years experience hauling dangerous goods	Experience letter provided?

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for Automobile Insurance Owner's Form. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extend to this Supplementary Form, and the applicant acknowledges that the Application for Automobile Insurance Owner's Form is based on the truth of the information provided herein.

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Signature of Applicant / Insured:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Broker:

\_\_\_\_\_  
Date: