## **Hazardous & Dangerous Goods Supplement**



Name of Applicant / Insured:		F	Policy Number:	Effe	Effective Date:	
Broker Name & Number	In B	In Business since				
Oil & Gas Commoditi General Information:	es:					
How long has the Insu	red been transporting	dangerous goods? I	s this a new venture?			
What percentage of the	e Insured's overall ope	rations is hauling da	angerous goods?			
What type of Oil & Gas Chemical products: Provide details of com	Yes ☐ No ☐	e Insured haul:				
Petroleum products: Provide details of comm	Yes □ No □ modity transported:					
Crude oil products: Provide details of comm	Yes □ No □ modity 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						
IVACIOS DI CARCONII	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4	Vehicle #5	
Normal Radius	vernole #1	verilde #2	verilole #3	veriloie #4	Verillole #5	
Maximum Radius						
Furthest Destination						
Frequency of trips						
Any U.S. exposure?	Yes □ No □	<u> </u>				
		mum radius, furthes	st destination, and frequen	cy of trips:		
				·		

Vehicle #	Driv	ver Name	License #	Date of Birth	Years experience hauling dangerous goods	Experience letter provided?
Radioactive Mate General Informat						
How long has the	Insured be	en transporting	radioactive mater	rials? Is this a new	venture?	
What percentage	of the Insu	ıred's overall on	erations is hauling	radioactive materi	als?	
at polooinago				, - Late and Triatori	<del></del> -	
Name and UN Nu	mber of ra	dioactive materi	ial carried:			
Quantity of radioa	ctive mate	rial carried (1 cu	urie = 37 Giga-bed	equerels):		
		l			NO Describe details	
How are radioacti	ve materia	is transported (s	sealed device, har	ndheld device, x-ray	/)? Provide details.	
Radius Breakdov	vn		_			
		Vehicle #1	Vehicle #2	Vehicle	e #3 Vehicle #4	Vehicle #5
Normal Radius						
Maximum Radius						
Furthest Destinati	-					
Frequency of trips						
Any U.S. exposure		Yes No No	vimum radiua furth	acet destination on	d fraguancy of tripo:	
r yes, piease prov	nde the mi	nimum and max	dimum radius, furti	nest destination, an	d frequency of trips:	
Driver Informatio	n (Provide	details of all dri	vers operating veh	icles transporting ra	dioactive materials)	
Vehicle #		Driver Name License #		Date of Birth	Years experience hauling	Experience letter
Vernicle #	UIIV		Licerise #	Date of Birtin	dangerous goods	provided?
						1
Explosives:						

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

How are explosive materials transported? Provide details.								
Radius Breakdo	own							
	Vehicle #1	Vehicle #2	Vehicle	#3 Vehicle #4	Vehicle #5			
Normal Radius								
Maximum Radiu	s							
Furthest Destina	tion							
Frequency of trip	os .							
Any U.S. exposure? Yes No No If yes, please provide the minimum and maximum radius, furthest destination, and frequency of trips:								
Driver Informati	ion (Provide details of all driv	vors operating vehic	clos transporting ov	nlosivo matorials)				
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.								
Signature of Applicant / Insured:			Date:	Date:				
Signature of Bro	ker:		Date:	Date:				

Quantity of explosive material carried (net weight):