



Use this Supplement to detail all hazardous & dangerous goods exposures. Complete the specific sections for petroleum products, radioactive materials and explosives, as applicable. Please return the completed Supplement to Intact Insurance.

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

SECTION 1. HAZARDOUS & DANGEROUS GOODS TRANSPORTED / STORED

Does the Applicant / Insured transport or store any of the following?

•	Oil And Gas/Petroleum Products	(If "Yes", complete Section 1, 2 and 3)	Yes 🗌	No 🗌
•	Radioactive Materials	(If "Yes", complete Section 1, 2 and 4)	Yes 🗌	No 🗌
٠	Explosives	(If "Yes", complete Section 1, 2 and 5)	Yes 🗌	No 🗌
٠	Polychlorinated Biphenyl's (PCB's)	(If "Yes", complete Section 1 and 2)	Yes 🗌	No 🗌
٠	Unidentified Industrial Waste	(If "Yes", complete Section 1 and 2)	Yes 🗌	No 🗌
٠	Any other commodity referred to in the Trans	portation of Dangerous Goods Act	Yes 🗌	No 🗌
	(ERAP Requirements)	(If "Yes", complete Section 1 and 2)		

List all hazardous & dangerous commodities

Commodity	Quantity per Truckload	Unit of Measure	Percentage Hauled	UN Number(s)	Maximum Value per Truckload \$	Radius of Operations Km
			%			
			%			
			%			
			%			
			%			
			%			
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			%			
			%			
			%			
			%			

SECTION 2. GENERAL INFORMATION

1. a) What experience does Management have in the transportation of dangerous goods?

b) For newly hired drivers, what is the minimum experience required in the transportation of dangerous goods?

- 2. Does each driver have a dangerous goods certificate and, if so, please advise the issuing body and the expiry date:
- 3. Describe how loads are secured to the vehicle?
- 4. What are the emergency procedures followed by the driver in the event of a loss involving dangerous goods?
- 5. For each hazardous or dangerous goods being transported, what is the destination, distance, routing and frequency of trips?
- 6. Provide full details of any storage of hazardous or dangerous goods on any premises owned, leased, managed or controlled by the Applicant / Insured:

SE	SECTION 3. OIL AND GAS / PETROLEUM PRODUCTS			
1.	If hauling Crude Oil, is it sweet or sour?			
2.	If hauling Crude Oil, is it heavy or light?			
3.	Are mixed loads carried?		Yes 🗌	No 🗌
	If "Yes" provide: % of mix:	%		
	Type of mix:			
4.	Do you switch loads?		Yes 🗌	No 🗌

- 5. Describe the Emergency procedures in the event of an accident/spill: (If there is a filed Emergency Response Plan, attach & include plan no.)
- 6. Describe the Tank inspection program:
- 7. Describe the Hose inspection and Hose replacement program:

Equipment

1.	Do you own the tank, meter, pumps, machinery and apparatus?	Yes 🗌	No 🗌
2.	Describe any machinery or equipment mounted on or attached to any truck or trailer:		
3.	Are the vehicles equipped with extinguishers?	Yes 🗌	No 🗌
	If "Yes", indicate type and size:		
4.	What is the tank and hose inspection frequency?		
5.	Tanks are grounded during loading or delivery with:		
	Ground Spike		
	Tank to Tank		
	Bonded Hoses		
	□ Other (describe):		

SECTION 4. RADIOACTIVE MATERIAL

General

1.	ls vehicle	being used	I in conjunction	with a nuclear	facility?

- 2. How often is it necessary to carry isotopes?
- 3. Is the Applicant / Insured a: Carrier Give a brief description of the operations:

Sub-contracted Carrier Other (describe):

Yes 🗌 No 🗌

Details of Radioactive Source

1.	Radiotoxicity
	Name and Atomic Weight of radioisotope(s):
	Name and Atomic Weight of radioisotope(s):
2.	Quantity of Activity
	Curies, mill-curies or micro-curies, or Becquerel or source:
	Biological risk in rem or Sv (state quantity & unit of measure):

- 3. Containers
 - The radiation source is in a <u>fragile container</u> and is:
 - A preparation of powder, liquid or gas in easily damaged enclosed container
 - A metallic source with a brittle, easily crumbled surface covered with a thin, easily damaged protective layer
 - Other (describe):
 - Is there a provision for automatic warning of any damage to the container?

Yes 📋 No 🗌

- The radiation source is in a stable unbreakable container and is:
 - A solid container enclosed on all sides and made of metal (or equivalent) material which can only be opened intentionally
 - $\hfill\square$ Metal foil impregnated by a special process with radioactive substances
 - Other (describe):

Packaging

Is the packaging adequate to prevent any loss in disposal of the radioactive contents and to retain the shielding efficiency under the following conditions?

a)	Type A packaging under conditions normally incident to transport and under conditions incident to minor accidents:	Yes 🗌	No 🗌
b)	Type B packaging under conditions normally incident to transport and for the maximum credible accident relevant to the mode of transport:	Yes 🗌	No 🗌
	If Type B packaging, on whose authority was the packaging approved?		

SECTION 5. EXPLOSIVES

- 1. Describe what explosives are being carried?
- 2. How much is carried at any one time?

Maximum:	
Minimum:	
Average:	_

3. How frequently are explosives being carried?

Rarely

- Seasonal frequent use / part year
- Seasonal occasional use / part year / 2 3 times a month
- ☐ Year Round occasional use / 2 3 times a month
- Year Round frequent use
- Year Round continuous / regular / multiple times a week
- 4. Locations between which the explosives are being carried and the distance:

From	То	Distance

- 5. To what extent are vehicles used in an urban area while carrying such explosives?
- 6. What safety precautions are taken: E.g., are "caps" carried separately from the dynamite sticks? Carried in a metal box, or in a different truck?
- 7. What special apparatus is used?

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for a Standard Automobile Policy. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extends 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:
Signature of Broker:	Date: