WESTERN NATIONAL INSURANCE GROUP

Western National Mutual Insurance  Western National Assurance
Pioneer Specialty Insurance  Umialik Insurance Company

Septic/Portable Sanitation Services Supplement

1. Named Insured ___________________________________________  Years in business? _________
2. Describe your business operations __________________________________________________________

3. Check services you provide:
   ___ Tank Pumping ___ Septic System Service/Maintenance ___ Septic System Inspections
   ___ Clean Grease Traps ___ Tank/Drain Field Installation/Excavation ___ Hazardous Waste
   ___ Portable Toilet Rental ___ Retail Sales of Septic/Plumbing Products ___ Septage Land Application
   ___ Septage Sales ___ 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 their 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. ____________________________
   _______________________________________________________________________________________ 

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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)