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| SEPTIC SYSTEMS AND PORTABLE SANITATION SUPPLEMENTAL APPLICATION |
| Account Name:       Expiration Date:       Contact Person:       Tele:       Ext:      Email:       Website:        |
| 1. Year business started:\_\_\_\_\_\_\_
 |
| 1. Years of experience in the **Septic** industry:\_\_\_\_\_

If less than 3 years, describe prior industry experience: |
| 1. Years of experience in the **Portable Sanitation** industry:\_\_\_\_\_\_\_

If less than 3 years, describe prior industry experience |
| 1. Does the insured haul/handle waste other than septic/biologic waste? [ ]  Yes [ ]  No

If Yes, provide details: |
| 1. Does the Insured haul medical waste? [ ]  Yes [ ]  No

If Yes, provide details: |
| 1. Does the insured perform system inspections/certifications? [ ]  Yes [ ]  No

If Yes, How many inspectors are employed? \_\_\_\_\_\_\_\_  |
| 1. List facilities where septic material is disposed:
 |
| 1. Do you perform any land application? [ ]  Yes [ ]  No
 |
| 1. Do you have a Dewatering System on premises? [ ]  Yes [ ]  No
 |
| 1. Do you have operations at oilfields? [ ]  Yes [ ]  No
 |
| 1. Have you ever been cited by the EPA or any Federal, State or Regulatory Agency for illegal or improper waste disposal? [ ]  Yes [ ]  No
 |
| 1. Provide a breakdown of the tank cleaning receipts as follows:

Private residence:\_\_\_\_\_\_Other inhabited properties:\_\_\_\_\_Commercial/industrial:\_\_\_\_\_ |
| 1. Provide breakdown of services/operations conducted and the percentage of the total revenues:

      Septic Tank Cleaning or Pumping      Rental of Portable Restrooms, Guard Stations, Showers, Luxury Units & Baby Care      Septic Tank Installation      Grease Trap Cleaning      Garbage or Waste Removal      Temporary Fencing at Construction Sites      Temporary Electrical Services      Contractor’s Equipment Rental (non sanitation units)      Other:       |
| 1. Do you use a standard rental service contract for the Portable Sanitation units (if yes please attach a copy) [ ]  Yes [ ]  No
 |
| 1. Estimated number of Portable Sanitation Units:\_\_\_\_\_\_\_\_
 |
| 1. Percentage of Units provided to construction or industrial job sites annually:\_\_\_\_\_
 |
| 1. Percentage of Units provided for special events or locations where the general public is present:\_\_\_\_\_
 |
| 1. Radius of Operations: [ ]  Local < 50 miles

 [ ]  Intermediate 50-150 miles [ ]  Long > 150 miles |
| 1. How are the portable sanitation units secured in transport? Please Describe:
 |
| 1. Do employees ensure that portable restrooms are properly secured and stabilized at designated locations? [ ]  Yes [ ]  No
 |
| 1. Are employees instructed to use gloves and other personal protective gear when cleaning and sanitizing portable restrooms? [ ]  Yes [ ]  No
 |
| 1. What safety precautions do employees take when entering and moving about a client’s jobsite? (Please Describe):
 |
| 1. Are tank trucks equipped with baffles to prevent liquids from sloshing about and unbalancing the truck? [ ]  Yes [ ]  No
 |
| 1. Number of full time employees:\_\_\_\_\_

Number of part time employees:\_\_\_\_\_ |
| 1. Member of NAWT: Yes       No       State/Local Association Memberships:\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Insured’s Name (Please Print):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE       |