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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 |