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Environmental Transport Questionnaire

This questionnaire is to be completed in conjunction with Acord 125, 127 or 132.

Applicant Name: _____ **Date Completed:** _____

General Information

1. List all commodities hauled:

Material	NA or UN #	% loads	Trailer Type	Average Radius

2. Attach a copy of your spill plan. If you do not have a spill plan, please explain your procedures in the event of a hazardous material incident: _____

3. Is any part of your operation considered seasonal? Yes No
If yes, describe: _____

4. Does the insured deliver products to rail yards, marinas or airports? Yes No
If yes, do they unload directly on to the trains, watercraft, or aircraft? Yes No

5. Is any specialized equipment attached to any unit? Yes No
If yes, describe: _____

6. Do you have any subsidiary or sister companies controlled by another company which you interchange employees or equipment? Yes No
If yes, describe: _____

7. Do you provide all DOT hazardous material training plus any refresher training courses? Yes No
If yes, describe: _____