

# WESTERN NATIONAL INSURANCE GROUP

Western National Mutual Insurance  
Pioneer Specialty Insurance

Western National Assurance  
Umialik Insurance Company

## Septic/Portable Sanitation Services Supplement

1. Named Insured \_\_\_\_\_ Years in business? \_\_\_\_\_
2. Describe your business operations \_\_\_\_\_  
\_\_\_\_\_
3. Check services you provide:  

<input type="checkbox"/> Tank Pumping	<input type="checkbox"/> Septic System Service/Maintenance	<input type="checkbox"/> Septic System Inspections
<input type="checkbox"/> Clean Grease Traps	<input type="checkbox"/> Tank/Drain Field Installation/Excavation	<input type="checkbox"/> Hazardous Waste
<input type="checkbox"/> Portable Toilet Rental	<input type="checkbox"/> Retail Sales of Septic/Plumbing Products	<input type="checkbox"/> Septage Land Application
<input type="checkbox"/> Septage Sales	<input type="checkbox"/> 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 there 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. \_\_\_\_\_

**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)