



Portable Sanitation Cover

Supplemental Questionnaire

Full Company Name _____ Years in Business _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 Street Address _____ City _____ State _____ Zip Code _____
 Business Tel# _____ Fax# _____ Cell# _____
 Email Address _____ Web Site _____
 FEIN# _____ Estimated Annual Sales _____ # of Employees _____

Association Memberships: PSAI _____ NAWT _____

Other Association Memberships or Certifications: _____

Operations - Indicate Below By % Type of Work Performed (Total across must =100%)

↓ ↓ ↓ ↓

| Work Performed: | % | Commercial | Residential |
|---|-------------|------------|-------------|
| Portable Toilet Rental | % | | |
| Portable Toilet Cleaning | % | | |
| Septic Tank pumping/Cleaning | % | | |
| Cesspool/Seepage pit pumping or cleaning | % | | |
| Septic Tank Inspections | % | | |
| Liquid Vacuum Truck | % | | |
| Sewer or storm basin rodding and cleaning | % | | |
| Other _____ | % | | |
| Total percentages listed above must = | _____ | | |
| | 100% | | |

List names of 3 largest customers _____

What is your method of waste disposal? _____

Is waste ever stored at your site? _____

If yes, how is it maintained? _____

Do you obtain permits or pay fees to dispose of the waste? Yes No

Have you ever been subject to an EPA audit? _____ If Yes, please give details to include date and circumstances

Do you have an emergency number or system set up for clients to call during non-business hours? Yes No

Do you have a written Safety Program? Yes No If Yes, please attach copy

Do you have a Safety Incentive program? Yes No

Portable Toilets

How many portable toilets do you own? _____ What is the average value? _____

Indicate the number: Portable Toilets _____ Shower Units _____ Baby Care Stations _____
Restroom Trailers _____ Other _____

Indicate the percentage of rental periods:

One week or less _____% Month to month _____% Other _____% (*Total Should equal 100%*).

How many units are at a clients location at any one time? _____

Do you transport your own units to rental locations? Yes No

If yes, how many units do you typically transport at any one time? _____

How frequently do you service/clean toilets while at rental location? _____

Do you use antimicrobial cleaning agents for wiping down surfaces? Yes No

Have you ever been named in a lawsuit alleging that persons contracted an infectious disease while using one of your portable toilets? Yes No

If you have shower units how do you regulate the water temperature? Yes No

Septic Tanks

Do you perform septic tank inspections? Yes No If yes, are you certified? Yes No

Do you clean out grease traps? Yes No

Do you pump out hazardous industrial wastewater? Yes No

Do you perform any excavation work? Yes No

Do you sub out any excavation work? Yes No

Are tank openings capped off promptly after working on tanks? Yes No

Sub-Contracting

Indicate amount of worked subcontracted to others _____%

Describe what work is subcontracted _____

Does the subcontractor agreement contain a hold harmless clause? Yes No

Automobile

Total # of drivers: _____ # Full Time _____ # Part Time _____

Describe qualification/training of equipment operators/drivers: _____

Describe driver recruitment methods: _____

Do you have a formal definition of an "Acceptable " driver? Yes No

Please describe in detail the definition and factors considered when reviewing a driver's MVR: _____

Please answer the following: Yes No

| | | |
|---|--|--|
| Are MVR's run on all new hires? | | |
| Are family members allowed to operate vehicles? | | |
| Do you rent/lease equipment to others? | | |

Percentage of work:

| | |
|---|---|
| Within 50 miles of mailing address | % |
| Between 50 & 200 miles of mailing address | % |
| Over 200 miles of mailing address | % |

Is there a Lay-Up Period for vehicles? Yes No If yes, identify these units on the Auto Acord Application.

Lay-Up Period from: _____ to _____

Where are vehicles stored when not in use?

Street address: _____ City: _____ State _____ Zip _____

Are units storage area fenced? Yes No Are units stored in a garage? Yes No

Is storage area alarmed? Central Station Alarm Yes No Video Surveillance Yes No

Is GPS tracking system used? Yes No System type Model: _____

Identify vehicles equipped with GPS: _____

Fuel Storage:

| | Yes | No |
|--|-----|----|
| Is fuel stored on your premises? | | |
| Are tanks EPA certified | | |
| Are there below-ground tanks? #: _____ Size _____ Age _____ | | |
| Are there above-ground tanks? #: _____ Size _____ Age _____ | | |
| Do tanks and pumps have vehicle protection barriers? | | |

Are vehicle repairs or bodywork done on premises? Yes No

Do you have a full time or part time mechanic? Yes No

Is any welding done on premises? Yes No If Yes, describe safety practices in detail: _____

Is there a written maintenance schedule and log for autos and mobile equipment? Yes No

Indicate Any Additional Information About Your Company: _____

Applicant Company Officer/ Owner Signature: _____

Print Name and Title: _____ **Date:** _____



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