[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

**[ ]  Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

**[ ]  Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

**[ ]  Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

1-800-423-7675 • Fax (480) 483-6752

OIL AND GAS COMMERCIAL AUTO SUPPLEMENTAL APPLICATION
(Complete in addition to the Commercial Automobile Application)

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant’s Name:**

**1. Type of operation (check all appropriate boxes):**

[ ]  Water hauler (including clean, salt or sludge) [ ]  Vacuum Truck [ ]  Hot Shot [ ]  Trucker for hire

[ ]  Site prep/excavation [ ]  Dump Trucks [ ]  Frac sand or liquid [ ]  Oilfield support services/Well maintenance

[ ]  Drilling/Rigging/Over the Hole Exposure [ ]  Frac Tank Rental/Leasing

[ ]  Other (describe):

|  |
| --- |
| **2. Describe specific duties you provide for the oil/gas industry:**       |

|  |
| --- |
| **3. Describe all commodities transported (please be specific):**       |

**4. Does your contract with customers contain an indemnification clause in your favor from wellsite ground pollution related claims?** [ ]  Yes [ ]  No

**5. Any transporting of placarded materials?** [ ]  Yes [ ]  No

If yes, completion of the Hazardous Materials Supplemental is required.

**6. Does Applicant have a Pollution policy in force?** [ ]  Yes [ ]  No

If yes, provide the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Number** | **Carrier** | **Limits** | **Term** |
|       |       | $      |       |

**Refer to the application form for State Fraud Warnings.**

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)