

# R&W Brokerage Inc. Septic Tank Questionnaire

Insured's Name:	DBA:	Effective date:
Address:	City:	State, Zip:
Website:	Phone:	Years in business
Years of Related Experience:		

**Please Indicate Percentage of revenue for each of the following:**

Septic Tank/Cesspool Cleaning or Pumping	%	Portable Toilet (rental & service)	%
Septic Tank/Cesspool Inspection	%	Sewer/Storm Basin Cleaning	%
Septic Tank/Cesspool Installation	%	Excavation or Backhoe-type work	%
Drain Pipe Cleaning	%	Plumbing	%
Grease Trap Cleaning	%	Vegetable (Cooking) Oil Collection	%

**Percentage of operational territory is:**

Rural	%	Suburban	%	Metropolitan	%
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**Septic Tank/Cesspool Cleaning or Plumbing**

Do you conduct septic tank inspections  Yes  No  NA If yes, are you certified? \_\_\_\_\_  
 Do you Pump out hazardous industrial wastewater or other regulated hazardous waste? \_\_\_\_\_  
 Do you Pump out used Oil/Industrial fluids? \_\_\_\_\_  
 Are septic tank openings prompted capped off when the tank has been cleaned/inspected? \_\_\_\_\_

**Vehicle Monitoring:** (Check all that apply)

Recording Devices <input type="checkbox"/>	Radio Dispatch <input type="checkbox"/>	Surveillance Devices <input type="checkbox"/>	None <input type="checkbox"/>
GPS Servies <input type="checkbox"/>	Back-up Camera/ Alarms <input type="checkbox"/>	Other <input type="checkbox"/>	

Please Specify other if applies: \_\_\_\_\_

**Driver Selection:**

Written Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Other if Applies	

Please Specify other if applies: \_\_\_\_\_

**Portable Toilet (rental & service)**

Portable Toilet # of Units: _____			
What % of rental units are provided to the following? (Must equal 100%)	Construction Sites Industrial Sites	% %	Special Events General Public Sites
			% %

Mode of transportation for rental units: \_\_\_\_\_

Are Antimicrobial cleaning agents used for sanitizing rental units?  Yes  No

How often are units cleaned? \_\_\_\_\_

US DOT #:	ICC #:	MC/MX #:
Filings/Endorsements Requested	Applicant's Name and Address as appears on Permit	
<input type="checkbox"/> Liability BMC 91X <input type="checkbox"/> Cargo BMC 34		
<input type="checkbox"/> Liability - Form E _____ State		
<input type="checkbox"/> MCS 90		
<input type="checkbox"/> Other, Explain _____		

Insured's Signature: _____	Agent's Signature: _____
Date: _____	Date: _____