



Underwriting Service Management Co

P.O. Box 323
 Tylersport, PA 18971
 (215)647-9600

Waste Collection, Recycling, Scrap, and Auto Dismantling Supplemental - Please submit in Addition to Acord forms.

Effective Date:	Named Insured:	DBA
Address:	City:	State: Zip:
Web Address:	Years in business?	Years of related experience?
Agency:	Producer:	Phone:

Revenues: Please indicate the following:

Current Year Total Sales	
1st Year Prior Total Sales	
2nd Year Prior Total Sales	
Current Year Total Payroll	
1st Year Prior Total Payroll	
2nd Year Prior Total Payroll	

Trucks & Drivers: Please indicate the following:

Current Year Total Trucks	
1st Year Prior Total Trucks	
2nd Year Prior Total Trucks	
Current Year Total Drivers	
1st Year Prior Total Drivers	
2nd Year Prior Total Drivers	

Operations: Please indicate percentage of revenue for the following:

Residential Solid Waste Collection	%	Incineration Operations	%
Commercial Solid Waste Collection	%	Recyclables/Scrap Metal Processing	%
Construction and demolition (C&D) Debris -Roll- off Containers	%	Hazardous, Medical or Special Placarded Waste including Asbestos/Contaminated Soil	%
Recyclables Collection	%	Paper shredding and document destruction operations	%
Scrap Metal Collection	%	Auto Dismantling/Processing	%
Storm Debris Collection	%	Crushed Autos Hauling	%
Landfill Operations	%	Tire Shredding/Recycling/Processing	%
Hauling from Transfer Station to Landfill	%	Other- Please Describe:	%

Roll Off Container Operations: Please indicate percentage of total sales:

Residential	%
Commercial	%

Do you have all customers sign a drop-off ticket/agreement for containers? Yes No
 - Does your ticket/agreement contain hold harmless language in your favor Yes No

****PLEASE ATTACH A COPY****

Please complete all of the following:	Y	N
Is debris/refuse covered/tarped prior to operating vehicles on public roadways?		
Do you haul bailed recyclables/refuse?		
Do you own/operate a processing/recycling facility?		
Do you own/operate a garbage transfer station?		
Do you own/operate a landfill/dumpsite?		
Have you been cited for any EPA (Federal, State or Local) or other environmental violations?		
Do you own any other businesses?		
Are all owned and operated power units listed on the application?		
Any use of sub-haulers or owner/operators?		
If yes, do you use written subcontractor agreements containing hold harmless/indemnity agreements?		
Do you allow family members or guest passengers to "ride along" on service calls?		
Do you lend, lease or rent trucks/equipment to others without drivers/operators?		
Do you agree to report all drivers to your agent prior to them driving an insured unit?		
Do you comply with all DOT/FMSCA regulations concerning driver employment, files and regulations?		
Have you or any business you owned ever filed for bankruptcy?		
Do you have a formal safety program?		
Do you have a vehicle maintenance program?		
Are ignition keys left on or in vehicles when unattended?		
Does the applicant have underground or aboveground storage tank facilities?		

Please complete all of the following:	Yes	No
Do you crush autos or is this work subcontracted?		
Are you an ARA Certified Automotive Recycler (C.A.R.)?		
Are you a URG Member?		
Are any guard dogs allowed to run free during employee working hours?		
Are mechanics ASE Certified?		
Are employees required to wear PPE?		
Are all employees who use torches, welders, and/or plasma cutters properly trained?		
Does all machinery have proper guarding?		
Are Lockout/Tagout program measures in place?		
Are all machinery, cranes, grabbles, and magnets inspected and maintained on a regular basis?		
Are employees trained on proper lifting techniques?		
Do you have procedures in place for removal of antifreeze, batteries, fuel, air bags, and refrigerant		
If autos are stacked, are proper safety methods in place (racking, shelving, etc)?		
Are all forklift drivers certified?		
Do you perform any repossession work?		

What percentage of your operational territory is?

Rural	%	Suburban	%	Metropolitan/Urban	%
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Radius of Operations?

0 – 100 Miles	%	101 – 200 Miles	%	201+ Miles	%
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How are drivers compensated?

By mile?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By load?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By hour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Vehicles/Operations Monitoring: (Check those that are applicable):

Recording Devices <input type="checkbox"/>	Radio Dispatch <input type="checkbox"/>	Surveillance Devices <input type="checkbox"/>	Other
Anti-theft Devices <input type="checkbox"/>	GPS Services <input type="checkbox"/>	Back-up cameras/alarms <input type="checkbox"/>	None <input type="checkbox"/>

Do your Driver Selection Procedures include the following?

Written Application	Yes <input type="checkbox"/> No <input type="checkbox"/>	Written Test	Yes <input type="checkbox"/> No <input type="checkbox"/>
MVR Review	Yes <input type="checkbox"/> No <input type="checkbox"/>	Physical	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interview	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reference Checks	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drug Test	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driving Test	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have any drivers been convicted of any of the following?

Yes No

Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicles, speed twenty miles or more over the speed limit or driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.

If yes, please provide driver name, conviction date and details: _____

US DOT #:	ICC #	MC/MX #:
Additional DBA Names	Additional DBA Address Exactly As It Appears on Each Permit	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Mobile Document Shredding

Shredding of:

Medical Records	%	Other Confidential Records	%
Financial Records	%	Non-Confidential Records	%

What percentage of shredding is done at a customer's location? _____ %

Are criminal background checks completed on all employees who perform shredding? Yes No

Have you successfully completed the NAID or equivalent Certification Program? Yes No

Do you provide document storage? Yes No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

Insured Signature:	Agent Signature
Date:	Date: