

## Waste Collection, Recycling, and Scrap Supplemental

(Please submit in Addition to Acord forms)

Effective Date: \_\_\_\_\_

Name Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Full Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years of Related Experience? \_\_\_\_\_

Agency: \_\_\_\_\_ Producer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Revenues & Payroll: (Please indicate the following)**

<b>Current Year Total Sales (required)</b>	
1st Year Prior	
2nd Year Prior	
<b>Current Year Total Payroll (required)</b>	
1st Year Prior	
2nd Year Prior	

**Trucks & Drivers: (Please indicate the following)**

<b>Current Year Total Trucks</b>	
1st Year Prior	
2nd Year Prior	
<b>Current Year Total Drivers</b>	
1st Year Prior	
2nd Year Prior	

**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**

Waste Collection, Recycling, and Scrap Supplemental (continued)

**Please complete all of the following:**

	Yes	No
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 above ground 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?		

Waste Collection, Recycling, and Scrap Supplemental (continued)

**Please complete all of the following (continued):**

	Yes	No
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
%	%	%

**Radius of Operations?**

0 – 100 Miles	101 – 200 Miles	Over 200
%	%	%

**How are drivers compensated? (check all that apply)**

- By Mile     By Trip     By Load     By Hour

**Vehicles/Operations Monitoring: (check all that apply)**

- Recording Devices     Radio Dispatch     Surveillance Devices     Anti-theft Devices     GPS Services
- Back-up cameras/alarms     None     Other: \_\_\_\_\_

**Do your Driver Selection Procedures include the following? (check all that apply)**

- Written Application                       Written Test
- MVR Review                                       Physical
- Interview                                               Reference Checks
- Drug Test                                               Driving Test

Waste Collection, Recycling, and Scrap Supplemental (continued)

**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 #:
<b>Additional DBA Names</b>		<b>Additional DBA Address Exactly As It Appears on Each Permit</b>

**Mobile Document Shredding (Shredding of):**

<b>Medical Records</b>	%	<b>Other Confidential Records</b>	%
<b>Financial Records</b>	%	<b>Non-Confidential Records</b>	%

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: \_\_\_\_\_