

Waste Collection, Recycling, Scrap, and Auto Dismantling Supplemental

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

Operations: Please indicate percentage of revenue for the following:

Residential Solid Waste Collection (Mechanized)	%	Landfill Operations	%
Residential Solid Waste Collection (Manual)	%	Incineration Operations	%
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	%	Recyclables/Scrap Metal Processing	%
Crushed Autos Hauling	%	Auto Dismantling/Processing	%
Storm Debris Collection	%	Tire Shredding/Recycling/Processing	%
Hauling from Transfer Station to Landfill	%	Commercial Solid Waste Collection	%

Please complete all of the following:	Yes	No
Is debris/refuse covered/tarped prior to operating vehicles on public roadways?	<input type="checkbox"/>	<input type="checkbox"/>
Do you haul bailed recyclables/refuse?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own/operate a processing/recycling facility?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own/operate a garbage transfer station?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own/operate a landfill/dumpsite?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been cited for any EPA (Federal, State or Local) or other environmental violations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any other businesses?	<input type="checkbox"/>	<input type="checkbox"/>
Are all owned and operated power units listed on the application?	<input type="checkbox"/>	<input type="checkbox"/>
Any use of sub-haulers or owner/operators?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you use written subcontractor agreements containing hold harmless/indemnity agreements?	<input type="checkbox"/>	<input type="checkbox"/>
Do you allow family members or guest passengers to “ride along” on service calls?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lend, lease or rent trucks/equipment to others without drivers/operators?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to report all drivers to your agent prior to them driving an insured unit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you comply with all DOT/FMSCA regulations concerning driver employment, files and regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any business you owned ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a formal safety program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a vehicle maintenance program?	<input type="checkbox"/>	<input type="checkbox"/>
Are ignition keys left on or in vehicles when unattended?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have underground or aboveground storage tank facilities?	<input type="checkbox"/>	<input type="checkbox"/>

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

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"/>		
<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

Auto and Truck Dismantling/Recycling/Scrap Operations: Please indicate percentage of total sales:

Used Auto Parts	%	Engine or Transmission Rebuilding	%
New Auto Parts	%	Auto Body Work	%
Installation or Mechanical Repair	%	Used Car Sales	%
Towing for Others	%	Other (describe)	%

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?		

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: