

Applicant:		Phone Number:	
Year Business Started:		Number of Employees:	
Federal ID#:		Trade Association:	
List Any Additional Names on Policy:			
Years of Management Experience:			
Membership/Affiliations/Certifications:			
Contact Name:		Contact Email:	

OPERATIONS

Recycling and Processing Material (Indicate % of Annual Sales/Revenue)

Type of Metal	Percentage	Type of Non-Metal	Percentage
Aluminum:	%	Plastic:	%
Brass:	%	Rubber:	%
Chromium:	%	Paper:	%
Copper:	%	Glass:	%
Iron/Steel:	%	Cloth:	%
Lead:	%	Chemical:	%
Zink:	%	Concrete:	%
Other:	%	Other Specifics:	

Annual Volume for Last 4 Years

Year	Tonnage	Total Annual Sales/Revenue	Total Annual Payroll

Description of Operations and Percent of Annual Receipts

Recycling/Scrap?	Yes	No	%
Auto Dismantling?	Yes	No	%
Auto Sales?	Yes	No	%

# of Vehicles Sold Annually		# of Dealer Plates	
Auto Repair/Service?		Yes	No %
Any Brake Work Done?		Yes	No %
Any Towing for Hire?		Yes	No %
Any Repossession Work?		Yes	No %
Any Auto Storage?		Yes	No %
Any Customer Autos on Premises?		Yes	No %
Any Auto Rental?		Yes	No %
Scope of Operations			
1. Do you provide bins, dumpsters or trailers at customer sites? If YES, how many?		Yes	No
2. Do you sell any end products as "New or Used"? (Please provide list and new warranties)		Yes	No
3. Have you been cited by OSHA? (If YES please explain below)		Yes	No
4. Have you been cited by Environmental Protection Agency (EPA)? (If YES please explain)		Yes	No
a. What was the citation for?			
b. Have corrective actions been taken? Please explain:			
5. Do you operate any smelting, sweating or melting operations?		Yes	No
6. Is schedule of fleet power units attached to this application?		Yes	No
7. Radius of Operation?		Miles	
8. Do you have a cargo securement program? (If YES, please complete crushing and hauling questionnaire on page 7)		Yes	No
9. Do you have a formal vehicle maintenance program?		Yes	No
10. Do you own or operate a Landfill? (If YES please explain below)		Yes	No
a. Please describe operations, materials accepted below:			
b. Provide address:			
11. Do you own or operate a Recycling Collection Center? (If YES please explain below)		Yes	No
a. Please describe operations, materials accepted:			
b. Provide address:			

12. Do you own or operate an Automobile Dismantling Operation? (If YES please answer ?'s below)				Yes	No
a. Total annual gross receipts of Automobile Dismantling Operation: \$					
b. Number of owners, partners, active officers:					
c. Total number of employees:			Annual Payroll:	\$	
d. Number of Dependents of driving age:			Ages:		
I. Do the Dependents work or help with the Business?				Yes	No
II. Are the Dependents insured elsewhere?				Yes	No
Carrier:			Policy #:		
Policy Period:			Limits:		
e. Do you Dismantle and/or store Transformer(s)?				Yes	No
f. Do you Dismantle Farm/Industrial Machinery?				Yes	No
g. Do you Crush or Haul Crushed Automobiles? (If YES, please complete Crushing & Hauling questionnaire on Page 7)				Yes	No
h. Do you currently carry Workers Compensation Coverage/Employers Liability?				Yes	No
Carrier:			Policy #:		
i. Describe your program for handling Waste/Fluids/Chemicals below:					
Name of Company contracted to haul away these materials:					
13. Do you own/operate any other business?				Yes	No
Business Name:					
Location:		Operation:			
Insurance Coverages:		Carrier:			
Business Name:					
Location:		Operation:			
Insurance Coverages:		Carrier:			
General Questions					
Do you accept any of the following materials?					
Transformers:	Yes	No	Electrical Capacitors:	Yes	No
Auto Air Bags:	Yes	No	Batteries:	Yes	No
Oil:	Yes	No	Lead Paint:	Yes	No

Freon:	Yes	No	Antifreeze:	Yes	No
Appliances Containing PCB's:	Yes	No	Systems Containing CFC's:	Yes	No

If **YES** to any of the above, please describe procedures for identifying and discarding any Hazardous Substances below:

Do you perform any of the following Office Work? Identify % of Sales to Total Revenue of Operation

Collection:	Yes	No	%	Containers/Dumpsters:	Yes	No	%
Dismantling:	Yes	No	%	Demolitions:	Yes	No	%
Wrecking:	Yes	No	%	Salvage:	Yes	No	%
Other:	Yes	No	%	Describe:			%

Do you Own or Operate any of the following equipment?

Transformers:	Yes	No	Electrical Capacitors:	Yes	No
Automobile Shredder:	Yes	No	Hydraulic Shears:	Yes	No
Baling Press:	Yes	No	Sweat Furnace/Incinerator:	Yes	No
Cranes:	Yes	No	Excavator:	Yes	No
Conveyors:	Yes	No	Alloy Sorters:	Yes	No
Magnetic Separators:	Yes	No	Hand Held Radiation Detection:	Yes	No

1. If you use Hand Held Radiation Detection, explain why?

2. Do you Haul on Behalf of Others? (If Yes, explain below)

Yes

No

3. Do you Rent or Lease Equipment to others?

Yes

No

a. Do you provide operators for the Rented or Leased Equipment?

Yes

No

b. Describe Type of Equipment:

4. Do you subcontract Work to Other Entities?

Yes

No

a. Do you Verify Limit(s) prior to Assignment of Work?

Yes

No

b. What is the Annual Percentage of Subcontracting?

%

c. What are the Limits of Liability?

\$300,000

\$500,000

\$1,000,000

5. Do you have a Full-Time Equipment Maintenance Staff?

Yes

No

a. How Often is Maintenance Performed?

6. How Often are Seals Checked?

7. How Often are Seals and Machinery Replaced?

Location Information

Location # 1

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

1. Is the location Fenced and Secured? **Yes** **No**

2. Are there dogs on the premises? **Yes** **No**

3. Does the General Public have access to the Location? **Yes** **No**

a. What Areas does Public have access? _____

b. Average number of visitors: **Daily:** _____ **Weekly:** _____

4. Does the location have an Alarm System? **Yes** **No**

Local: _____ **Monitored:** _____ **Central Station Monitored 24/7:** _____

5. Is the premises free from hazardous conditions? **Yes** **No**

6. Rate the general housekeeping of the location: _____

Fair: _____ **Good:** _____ **Excellent:** _____

7. Describe Type of Operations Conducted below: _____

LOCATION #2

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

1. Is the location Fenced and Secured? **Yes** **No**

2. Are there dogs on the premises? **Yes** **No**

3. Does the General Public have access to the Location? **Yes** **No**

a. What areas does Public have access? _____

b. Average number of visitors: **Daily:** _____ **Weekly:** _____

4. Does the location have an Alarm System? **Yes** **No**

Local: _____ **Monitored:** _____ **Central Station Monitored 24/7:** _____

5. Is the premises free from hazardous conditions? **Yes** **No**

6. Rate the general housekeeping of the location:	Fair		Good		Excellent	
7. Describe Type of Operations Conducted below:						
Employee Information						
Class I – Employees				Class II – Non-Employees		
Regular Operators/Owners	(1.00)	#	Under 25 years of Age	(1.15)	#	
Part Time	(0.50)	#	All Other (spouses of owners; inactive officers identify below)	(0.50)	#	
All Others	(0.40)	#				
Part Time	(0.20)	#				
1. Have there been any EPL claims, suits, complaints or pending EPL issues against the insured and/or any executive, officer, or owner?				Yes	No	
2. Do any executive, officer, or owner have any knowledge of any act, error or omission which could reasonably be expected to give rise to an EPL claim, suit, or complaint?				Yes	No	
3. Is there an MVR program for new and existing drivers?				Yes	No	
4. Are MVR's obtained prior to hiring new employees?				Yes	No	
5. Do you have formal hiring procedures?				Yes	No	
6. Does management verify prior employment?				Yes	No	
7. Is there a minimum experience requirement for new employees?				Yes	No	
8. Do you have a formal employee training program?				Yes	No	
9. Are applicant's road tested in vehicles(s) they will be operating and passed?				Yes	No	
ADDITIONAL INFORMATION						
Company Policy and Procedures						
1. Do you have a Hazardous Material Identification Policy/Procedure?				Yes	No	
2. Do you have a Radioactive Material Identification Policy/Procedure?				Yes	No	
3. Do you have a Safety Program?				Yes	No	
a. Describe Safety Program below:						
4. Do you have a Training Program?				Yes	No	
a. Describe Training Program below:						

FORMS AND FILINGS

Please indicate if you are in need of any State Forms and/or Filings

Form E:	Form H:	Other:	None:
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Please Specify Other:

Certificate and/or Motor Carrier Number:

Crushing & Hauling Questionnaire

Please complete if you have a Cargo Securement Program and/or Crush and Haul Crushed Automobiles

1. Are customers charged a fee to enter the yard? If Yes Fee is: \$	Yes	No
2. Are customers required to sign a waiver prior to entering the yard? <i>(Please provide a copy of the waiver)</i>	Yes	No
3. Are customers under the age of 18 allowed in the yard?	Yes	No
4. Are customers allowed to bring in jacks and/or heavy tools?	Yes	No
5. Are customers tool boxes checked prior to entering and exiting the yard?	Yes	No
6. Does the insured loan tools to customers?	Yes	No
7. Are employees located in yard at all times overseeing the removal of parts?	Yes	No
8. Are customers allowed to remove parts under the vehicle?	Yes	No
a. If allowed to remove parts, how is vehicle stored?		
b. What type of parts are being removed?		
9. Are customers allowed to remove large or heavy parts?	Yes	No
10. Are fluids drained from all vehicles prior to vehicle entering the yard?	Yes	No
11. Are vehicles stacked more than 2 high in the yard?	Yes	No
12. Are spare jacks removed from trunks of dismantled cars prior to entering the yard?	Yes	No
13. Are forklifts operated during business hours?	Yes	No
14. When operating forklift, do employees escort to ensure aisles are clear of obstacles and customers?	Yes	No
15. Are aisles roped off from customer access?	Yes	No

Comments

❖ **This supplemental must accompany all new business submissions and renewals**

❖ **Mandatory Items to Accompany Each New Business Submission (As Applicable)**

- ✓ Completed ACORD applications: 125 (Applicant Information), 128 (Garage), 129 (Vehicle)
 - Optional Forms Include: 126 (liability), 131 (Umbrella), 140 (Property), 141 (Crime), 144 (Glass & Sign), 145 (Accounts Rec/Valuable Papers), 146 (Equipment Floater),
 - Schedule of all Vehicles, even if no physical damage coverage is requested. On vehicles requesting physical damage, include: VIN#, Cost New, GVW for Trucks (Use ACORD 129)
 - ✓ Four Year (Hard Copy) loss run within 90 days of policy expiration
 - Photographs of the operation
 - MVR's on all Drivers
- ✓ Not needed for renewals unless requested but the Company Underwriter

Insured Signature: _____ Date: _____