

# RecycleGuard<sup>®</sup>

## SUBMISSION CHECKLIST

- Completed Acord 125** (Insured signature required if bound)
- 5 years currently valued loss runs**
- Explanation of losses over \$10,000, if any** (including explanation of what has been done to prevent a recurrence)
- Complete drivers list** - If Private Passenger and/or DOC coverage is requested, please list all family members who will be driving the personal use vehicles
- MVR's** (if available)
- Complete Vehicle Identification Numbers** (VIN)
- Cost new on vehicle schedule**
- Federal Employer Identification Number** (FEIN)
- Workers' Compensation Experience Modification Worksheet** (if applicable)
- Supplemental Applications with Insured's signature:**  
Click on the links below or go to the website [www.willisprograms.com](http://www.willisprograms.com). Click on the "Resources" tab then "Program Resources Library". Find the RecycleGuard Program. Download the following PDF application(s):
  - [RecycleGuard Supplemental Questionnaire](#)
  - [Supplemental - Rubber](#)
  - [Supplemental - Auto Dismantlers](#)
- Expiring Premiums and/or Target Premiums** – by line of coverage

### Property Details (for each building):

- Year Built    Total Area    # Stories    Construction Type    Occupancy    Renovations  
(Dates and Details)

Thank you for your business.

### Send completed applications to:

**Susan M. Diecidue**  
Underwriting Manager  
RecycleGuard Insurance Program  
Toll Free: (888) 225-4725  
Direct Phone: (603) 334-3019  
Fax: (603) 334-3090  
Email: [susan.m.diecidue@willistowerswatson.com](mailto:susan.m.diecidue@willistowerswatson.com)