



Named Insured	Owner(s) names and percentage of ownership for each	Operations of Entity

Effective Date:

FEIN (please include all):

Are you an ISRI Member? yes no

Are you ISRI RIOS certified? yes no

Has the applicant at any time filed for Chapter 7 or Chapter 11 bankruptcy? yes no

If yes, please provide details:

Expiration Date:

Company Website:

Are you ISO certified? yes no

Are you R2 certified? yes no

Recycling operation details:

Types of Recyclable Materials received (please indicate percentages (total to be 100%) for each that apply):

Metal _____ Glass _____ Yard Waste _____ Plastic _____
 Cloth/Textiles _____ Paper _____ Rubber _____ Chemical/Liquid _____
 Aluminum _____ Concrete/Asphalt _____ Construction Materials _____ Electronics _____

Projected yard payroll for recycling operations for above:

Projected tonnage for recycling operations for above:

Is there any processing of these materials beyond sorting? yes no Please describe and provide revenues if so:

If you operate a recycling collection center, is it used by other trash haulers? yes no

Do you pick these items up as residential/curbside pickup? yes no If yes, what is the revenue from these operations?

Do you provide bins, dumpsters or trailers at sites? yes no How many bins, dumpsters or trailers do you have?

Do you charge a fee for renting them? yes no If so, what is your annual revenue for rental?

Additional operations:

Any other operations other than recycling? yes no

Please describe if so:

Any off-site work beyond picking up containers? yes no

If yes, please describe:

Does your operation include working at a landfill? yes no

Do you operate a landfill? yes no

Do you transport or haul goods for others? yes no

Please describe what is hauled, how often and the payroll and associated with these operations:

Do you have any smelting operations? yes no

Please describe the process:

Do you have any end products sold as new or used (including e-recycling products)? yes no (If yes, please provide a copy of the bill of sale and warranty if applicable.)

Do you provide warranties for the products? yes no

Describe these products, who sold to, and the end user:

Please provide the breakout of revenues from recycling and each of the other operations:

Supplemental Questionnaire—Package, Auto and Umbrella

Subcontracted work (Please provide a copy of the contract(s) in place.) :

Are there sub-contracted Operations? yes no
 What are the sub-contracting costs for the upcoming year?
 Do subs to carry limits equal to or greater than you? yes no

If yes, please advise specifically what is sub-contracted:
 Do your subs name you as an AI on their policy? yes no
 Do you obtain Certificates of Insurance to confirm? yes no

Historical information:

POLICY YEAR	PREMIUM
Expiring year	GL: AL: APD: PROPERTY: IM: UMBRELLA:

Hiring Practices:

Are written applications used? yes no
 Are reference checks performed? yes no

Do any employees work from home? yes no
 Are criminal background checks performed? yes no

Do your driver hiring procedures require:

written test road test physical drug/substance test

Is MVR screening criteria in place prior to hiring? yes no

Is there a new hire orientation program? yes no

What is your driver age minimum?

Are your drivers awarded for safety? yes no

How are they paid (ie, by mile, by load, by salary)?

Number of employees under the age of 18 or over 65:

What is the age requirement of your equipment operators?

Do you test equipment operators prior to hiring? yes no

Are all crane operators certified? yes no

What are your qualifications for hiring equipment operators? :

Is a CDL license required ? yes no

Does orientation include a review of safety ? yes no

What is your minimum number of years of experience required?

What is the average wage of your truck drivers?

What is the employee : supervisor ratio?:

Full Time: Part Time:

What is the experience requirement of your equipment operators?

Do you have a training program for equipment operators? yes no

Is any leased, volunteer, or temporary labor used? yes no

If yes, please provide details:

Safety and Controls:

Do you have a formal written safety program? yes no

(Please attach a copy of the program and the copies of the attendance logs for the past three meetings and indicate the topics discussed.)

Who is responsible for conducting safety and training?

If ISRI member: Are you part of the Circle of yes no

How often are safety meetings held?

Safety Excellence?

Is the facility (check all that apply):

Gated Locked Fenced Lighted Alarmed

Signage "Best" practice

Is your premise open to the public? yes no If yes:

How do your customers get onto the site?

Are people other than employees allowed near mobile equipment, forklifts or machinery? yes no

If so, how close?

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Please describe the controls in place for safety of peddlers, customers, vendors, contractors, visitors and guests:

Please list the number of incoming electrical feeds:

Are fire extinguishers present? yes no

Do security cameras record daily operations? yes no

Is there smoking allowed on premises? yes no

Is there a documented business continuation plan? yes no

Please describe and/or provide a copy of the plan:

Is there backup power available? yes no

Are there multiple means of egress? yes no

Is there a fire/emergency evacuation plan in place? yes no

If so, is there a designated area? yes no

Are there cutting or torching operations on site? yes no

If yes, where does the cutting or torching take place, and what controls are in place to minimize uncontrolled fires?

Are there transformers on site? yes no

If yes, how many and who are they owned by?

Where and how are flammables including any fuels stored?

Number of working days per week:

Are security guards employed? yes no

If yes to either of the above, do they carry weapons? yes no

Are guard dogs used on premises? yes no

If yes, what type of dog and how are they controlled during operating hours?

Number of shifts per day:

Is a security service used? yes no (please attach copy of contract if yes)

If yes, what type?

Pollution Exposure:

Have you ever been cited by the EPA or State Environmental Agency? yes no

Are you or have you ever been named a potentially responsible party by the EPA? yes no

If yes to either please describe:

Material Handling:

How is the recycled material received and handled?

Do you have a checklist and/or narrative for employees for the procedures for handling customers on premise? yes no

Describe the radiation detection equipment used:

Are incoming shipments screened? yes no

Employees trained in hazardous waste identification? yes no

Is there a formal response and control program in place for a hazardous substance leak or spill? yes no

Number of Employees trained in utilization:

Are outgoing shipments screened? yes no

What is the procedure if radioactive material is received?

Is there any collection of any debris containing asbestos or lead paint? yes no

If yes, advise how handled:

Is there any collection of batteries, oil, antifreeze, Freon, tires or batteries (now or in the past)? yes no

If yes, advise how handled:

Do your operations include ship breaking, battery breaking, PCB transformer recycling? yes no

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If yes, advise how handled?

Please check off all that apply:

Pre and post trip inspections done yes no

Vehicle maintenance program yes no

Open bed Trucks are tarped when hauling materials yes no

Accident investigation procedure yes no

Warning indicator on truck if the bed is lifted yes no

Drivers trained in hazardous waste identification yes no

Driver/MVR procedures:

What is your ratio of drivers to power units:

If ratio not one driver to one unit, please explain why:

Is there a disciplinary process for drivers of multiple accidents? yes no

Does the disciplinary process include termination? yes no

Are MVR records pulled periodically on all drivers yes no

How often:

What is done if a driver is not acceptable?

Are all employee files (including drivers) maintained according to DOT standards? yes no

If no, explain why:

Do you have a cell phone use policy? yes no

If yes, please describe:

How are files maintained:

Electronically

Paper

What is your driver criteria?

Are mid-term driver additions submitted to your insurance agent and/or carrier? yes no

Maintenance:

Do drivers perform written pre and post trip inspections? yes no

(Please attach a sample of the form used.)

Who services your fleet and what is their experience?

(Please attach a copy of the mechanic vehicle fleet system form)

Physical address of maintenance facility:

How often is your fleet inspected?

Who inspects the fleet and what qualifications does this person have?

Are all vehicle maintenance files within DOT standards? yes no

DOT number:

How are files maintained: Electronically Paper

How often are your vehicles serviced (ie: daily, monthly, as needed..)?

Do you have spare vehicles? yes no

If yes, how many?

How often are they utilized?

How is usage tracked?

Do you monitor your on FMCSA Scores (<http://li-public.fmcsa.dot.gov/>) ? yes no

Do you have any "out of Service" Violations? yes no

(If so, please provide details and advise what the corrective action is on a separate piece of paper.)

How often is your yard and mobile equipment inspected?

Who inspects the equipment and what qualifications does this person have?

Who repairs the equipment and what is their experience?

Inland Marine:

Is Fence coverage desired? yes no

Does your Contractors Equipment schedule include any cranes? yes no

If so, please advise of boom length:

Have you verified values of all equipment to insure insurance-to-value? yes no

Is there any "home-made" equipment on the schedule? yes no

If so, please advise as to what:



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Property:

Is there permanently affixed equipment on the property schedule? yes no

Please advise as to the type of machinery:

Have you confirmed the value is accurate? yes no

If you are requesting coverage/including these values, please advise of the breakout of the value of equipment vs building:

Describe the type and value amount of recyclable material and/or stock stored:

Inside the building:

Outside the building:

Do you want to include coverage for these values? yes no

How is this stock protected from theft?

Are these values included in your BPP amounts on the Acord apps? yes no

If requesting stock and/or recyclable material coverage, please indicate values as follows:

Inside the building:

Ferrous Metals _____

Glass _____

Plastic _____

Cloth/Textiles _____

Paper _____

Rubber _____

Copper _____

Electronics _____

Auto parts _____

Shredder "fluff": _____

Non-Ferrous metals (please list by type): _____

Other (describe): _____

Outside the building:

Ferrous Metals _____

Glass _____

Plastic _____

Cloth/Textiles _____

Paper _____

Rubber _____

Copper _____

Electronics _____

Auto parts _____

Shredder "fluff": _____

Non-Ferrous metals (please list by type): _____

Other (describe): _____

If requesting Business Income coverage, have you executed a BI worksheet? yes no (Please provide a copy of the worksheet.)

General Liability:

Is Blanket Additional Insured needed? yes no

Or

Are Individual Additional Insured's requested? yes no

If yes, please advise for each as follows (attach separate paper)

Specific name and address of AI:

Relationship between Named Insured and Additional Insured:

"Project" description:

"Project" dates:

"Project" location:

Specific AI form needed:

Is Conversion Coverage desired? yes no If yes, what limit?

Is Impaired Property Coverage desired? yes no

Is Blanket Waiver of Subrogation Desired? yes no

Is Pollution coverage desired? yes no

Auto:

Any homemade trailers? yes no

If yes, please describe:

Is pollution coverage desired? yes no

Is MCS-90 needed? yes no

Is Blanket Additional Insured desired? yes no

Is Primary and non-contributory wording desired? yes no

Is Trailer Interchange desired? yes no

Limit:

Number of trucks:

Radius:

to: from:

Is garaging indicated on all vehicles on Acords? yes no

Are values on Acords based on cost NEW? yes no

If the radius is over 200 miles on any of the vehicles, please indicate:

Departure city and state:

Destination city and state:

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Large Loss History:

Has the insured had any losses greater than \$25,000 in the past five years? yes no

If yes, please provide details for any loss separately as well as what has been put in place to mitigate a reoccurrence

Prepared by: _____ Title: _____ Date: _____

Signature: _____

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