

# RecycleGuard®

## 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 reoccurrence)
- 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 Forms and Applications in the "Resource Center" box. Find the RecycleGuard Program. Download the following PDF application(s):
  - [RecycleGuard Supplemental Questionnaire](#)
  - [Supplemental - Automobile Shredding Operations](#)
  - [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:

East	West
; Yffm7YVjž7D7I ž5FA ž7=7 Dfc[ fUa g'DfUMjW' @UXYf RecycleGuard Insurance Program Toll Free: (888) 225-4725 Direct Phone: (603) 334-30, ( Fax: (603) 334-3090 Email:; YfUX"7YVj4 k ]'jg"Vta	Cindy Orlando Senior Production Underwriter RecycleGuard Insurance Program Toll Free: (888) 225-4725 Direct Phone: (603) 334-3073 Fax: (603) 334-3090 Email: '7]bXn"CfUbXc4 k ]'jg"Vta