

RecycleGuard Supplemental Questionnaire – Property, GL, IM, Crime, Auto and Umbrella

For auto dismantlers, paper, plastic, and rubber, please complete this in addition to the specific supplemental relative to your operations.

Named Insured Details (please include all companies listed on Acord Applications):

Named Insured:			
Operations:			
Specific owner's name relative to this specific entity:		Percentage of ownership:	_____ %
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(See additional page at end/Addendum if needed.)

Effective Date: _____ Expiration Date: _____ Current ISRI Member? Yes No
 Year company established: _____ Website: _____ Number of employees: _____
 Check if applicable: ISO certified RIOS certified R2 certified e-steward

Recycling operation details:

Types of Recyclable Materials received **(please indicate percentages (total to be 100% based on total tonnage amount below) for each that apply):**

Percentage of Ferrous Metal: _____ % **(Check all applicable):**

Alloy Steel Carbon Steel Cast Iron Wrought Iron Other: _____

Percentage of Non-Ferrous Metal: _____ % **(Check all applicable):**

aluminum copper lead nickel tin titanium zinc brass cobalt mercury tungsten
 beryllium bismuth cerium cadmium niobium indium gallium, germanium lithium
 selenium tantalum tellurium vanadium zirconium Other: _____

Percentage of precious metals: _____ % **(Check all applicable):**

gold silver platinum Other: _____

Percentage of other types of materials:

Glass _____ % Yard Waste _____ % Plastic _____ % Paper _____ %
Rubber _____ % Concrete/Asphalt _____ % Electronics _____ %
Construction Materials _____ % Other (please advise percentage and type): _____

Projected annual tonnage for materials above: _____

Projected yard payroll for recycling operations for above: \$ _____

Please provide a full description of how materials are obtained, handled, sorted, processed and/or distributed and who you ship your materials to:

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? _____

Additional operations:

Any other operations other than recycling your own materials? Yes No

Please describe in detail and provide safety controls if so:

Any off-site work beyond picking up containers? Yes No

Please describe in detail and provide safety controls if so:

Does your operation include working at a landfill? Yes No Do you operate your own landfill? Yes No

Do you transport or haul goods for others? Yes No

If yes, please provide:

Annual payroll associated with these operations: \$ _____

Annual revenues associated with these operations: \$ _____

Describe what is hauled, how often and the radius of operations:

Do you have any smelting operations? Yes No

Please describe the process as well as the controls to prevent bodily injury and/or property damage:

Do you have recycling of ammunition or brass shell operations? Yes No

Please describe the identification of live shells, as well as the process and controls to prevent bodily injury and/or property damage:

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 any other operations relative to questions above in this section:

Subcontracted work:

Is there any leased, volunteer, or temporary labor used? Yes No

If yes, please provide details of how often, how many employees, duties, qualifications, training details and any other pertinent information:

Please provide sub-costs for contracted labor: \$ _____

Do you have hired trucking to transport your goods? Yes No

If yes, please provide radius of operations, pre-screening process, and any other pertinent information:

Please provide sub-costs for hired transportation/trucking: \$ _____

Is a security service used? Yes No

If yes, do they carry weapons? Yes No If yes, what type? _____

Please provide sub-costs for security service: \$ _____

Is there a fully executed contract in place for the subcontracted parties? Yes No

Does the contract include: "Hold harmless" verbiage? Yes No

Require you to be named you as an AI on their policy? Yes No

Require limits equal to or greater than you? Yes No

Do you obtain Certificates of Insurance to confirm AI and limit requirements? Yes No

Please provide a copy of the contract(s) in place for any of the above subcontracted work.

Screening and Hiring Practices for drivers, yard and/or other employees:

Please check all that are applicable:

- Written applications used Reference checks performed Criminal background checks performed
- Written test for drivers Road test Physical Drug/substance test MVR screening criteria in place prior to hiring CDL license required New hire orientation program New hire formal training program
- Orientation includes a review of safety Drivers awarded for safety Medical exams required for new drivers
- Equipment operators are tested prior to hiring Training program for equipment operators
- All crane operators certified List program name/certification(s): _____

Please provide:

Driver age minimum: _____ Employee/supervisor ratio: _____

Annual average wage of your truck drivers: \$ _____ How are they paid (i.e., by mile, by load, by salary)? _____

Minimum number of years of experience required for: Drivers: _____ Yard employees: _____

Age requirement of your equipment operators: _____ Experience requirement of your equipment operators? _____

Daily operations:

Number of working days per week: _____ Hours of operations: _____ Number of shifts per day: _____

Do you have a formal written safety program? Yes No Do you have a formal written maintenance program? Yes No

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

If ISRI member, are you a Member of The ISRI Circle of Safety Excellence™? Yes No

Do you reference the ISRI RISPs/Safety Resources Catalog for guidance with your safety program? Yes No

Who is responsible for conducting safety and training? _____

How often are safety meetings held? _____

Is there a documented business continuation plan? Yes No

Please describe **and/or provide a copy of the business continuation plan.** Please be sure to identify any reciprocal processing arrangements or redundancy of plants in the event of a loss available that would shorten down time:

Please provide a current business interruption worksheet if requesting Business Interruption Coverage.

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Do you have a contingency plan for flood, hail, wind and/or catastrophic weather to protect your vehicles and your equipment?

Yes No

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

Premise, Property and Equipment:

Check all that apply related to the facility and safety precautions:

- Gated Locked Fenced Lighted Alarmed Signage Backup power available
 Multiple means of egress Security cameras record daily operations Fire/emergency evacuation plan in place

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? _____

Do you have a checklist and/or narrative for employees for the procedures keeping invitees safe on premise? Yes No

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

Is there smoking allowed on premises: Yes No If so, is there a designated area? Yes No

Is there cutting or torching operations on site? Yes No

If yes, please indicate where the cutting or torching take place, and what controls are in place to minimize uncontrolled fires:

Where and how are flammables, including any fuels, stored?

Do your fire prevention measures include **(check all applicable)**:

- Fire response plan with the local fire department Fire extinguishers around premise and yard Water bombs Hoses
 Thermal sensor guns Fire training for employees Encapsulator agent solution in water bladders

If any scheduled buildings have components over 20 years old, please indicate which components (check all that apply):

- Roofing Plumbing Heating Electrical

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If any of the above are applicable, please advise as to how often they are inspected, who they are inspected by and what else is being done to keep them maintained and in acceptable condition:

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? _____

Permanent employed security guards? Yes No

If yes, do they carry weapons? Yes No If yes, what type? _____

Are guard dogs used on premises? Yes No

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

Pollution Exposure:

Are you currently named, or have you ever been named a potentially responsible party by the EPA? Yes No

If yes, please to either describe:

Material Handling:

Is there permanently affixed equipment on the **property schedule**? Yes No

The breakout of the value of equipment should be separate from building values on the Acord applications

Either on the Acord or below, please advise (for each piece of machinery) as to the following:

Location number: _____

Year: _____ Make: _____ Model/type: _____ Mfg. country: _____ Value:\$ _____

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Location number: _____

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(Continue above on separate paper if needed.)

List any obsolete equipment from above:

Please check all that are applicable:

- General spare parts kept on hand Critical spares kept on hand Fire detection on machinery
 Fire suppression on machinery Lead time for replacement parts that are not stored on site: _____

If fire detection applies, please list what machinery has it installed:

Name/type of suppression system: _____

If fire suppression applies, please list what machinery has it installed:

Name/type of detection system: _____

If you have any shredders, do you have a fluff cleanout procedure in place? Yes No **(please attach a copy of the procedure)**

How frequently is fluff cleaned out: _____

Is there separation between fluff pile and the equipment and heat sources? Yes No

If so, what is the minimum distance? _____

What is the max height of the piles? _____ What is the max width of the piles? _____

Please provide details of housekeeping and fire watch procedures specific to the equipment: **(or attach a copy of the procedures)**

Is there any "home-made" equipment on the schedule? Yes No

If so, please advise as to what:

Is there collection of (check all that apply):

- Lead batteries Lithium batteries Lithium-Ion batteries Electric vehicles Oil Antifreeze Freon

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If yes, advise how handled (including if you are removing batteries), stored and outline safety and fire prevention procedures such as separation in buildings and fire suppression systems as well as any other preventative measures **(or attach a written copy of handling and safety procedures)**:

If collecting/handling Lithium or Lithium-Ion batteries, please provide storage details by types:

For outside storage:

What is the maximum height batteries are stored in feet? _____

How close to buildings are batteries stored? _____

How many square feet of yard is used for holding batteries? _____

Is there any concrete surrounding the storage area of batteries? Yes No

For inside storage:

What is the maximum storage height of batteries in feet? _____

How many square feet of floor is used for holding batteries? _____

Auto Fleet and Drivers:

What is your ratio of drivers to power units? _____

If ratio not one driver to one unit, please explain why? _____

Do you have spare vehicles? Yes No If yes, how many? _____

How often are they utilized? _____

How is usage tracked? _____

What is the percentage of your driver turnover on an annual basis? _____

Are there regular safety meetings for all drivers? Yes No How often: _____

Do your auto safety measures include? **(check all applicable)**:

- All drivers have a minimum of 5 years of driving experience Annual driver formal training
- Annual medical exams required for **all** drivers Accident investigation procedures
- Mid-term driver additions are submitted to insurance agent and/or carrier Disciplinary process for drivers of accidents
- Employee files maintained per DOT standards Cell phone use policy Warning indicator on truck if the bed is lifted
- Open bed trucks are tarped when hauling materials Drivers trained in hazardous waste identification
- MVR records pulled periodically on all drivers How often: _____

What is done if an employed driver is not acceptable? _____

FMCSA SAFER Scores (<https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>) are monitored

If there are any violations, please provide details and advise what the corrective action was for each of the violations and what is being done to mitigate re-occurrence on a separate piece of paper.

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Telematics are installed in your vehicles. Please identify the type and describe the information it provides (i.e.: cameras, data collection for speed, hard breaking and other variances, etc.), how many/which units have the equipment, how the information is used and how frequently the information is retrieved:

Do your auto maintenance measures include **(check all applicable)**:

Drivers perform written pre-and post-trip inspections

Vehicle maintenance program Who services your fleet and what is their experience? _____

Vehicle maintenance files within DOT standards

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

How often is your fleet inspected? _____

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

Do you have private passenger vehicles on your auto schedule? Yes No

If so, please advise use and driver of each one:

Please note that high performance vehicles are not within our program appetite.

Large Loss History:

Has the insured had any losses greater than \$50,000 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 on a separate page.

Prepared by: _____ Title: _____ Date: _____

Applicants Signature: _____

Addendum - Named Insured Details (please include all companies listed on Acord Applications):

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