

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

Please complete this in addition to the specific supplemental relative to the following if applicable: auto dismantlers, paper, plastic, rubber, shredders, ATMs, electric vehicles, batteries and/or if business interruption coverage is desired

Named Insured details

Please include all companies listed on Acord Applications. See additional page at end/Addendum if needed.

Named Insured: _____

Operations: _____

Specific owner's name relative to this specific entity: _____ Percentage of ownership: _____

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Effective Date: _____ Expiration Date: _____ Current ReMA 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 (For battery and/or electric vehicle collection a separate supplemental must be completed):

Glass _____% Plastic _____% Paper _____% Rubber _____% Electronics _____% Concrete/Asphalt _____%

Whole Automobiles _____% Automobile hulks _____% Batteries _____% Electric Vehicles _____%

☐ 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

Is your facility, "single stream"? ☐ Yes ☐ No

Do you receive and/or process residential collections? ☐ 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? _____

If you provide bins, dumpsters, or trailers, what type of sites are they left at? (i.e.: residential, commercial)?:

Additional operations

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

If yes, please describe in detail and provide revenues and safety controls:

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

If yes, please describe in detail and provide revenues and safety controls:

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 and/or melting 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

Annual revenues associated with these operations: \$ _____

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 ☐ CDL license required
- ☐ MVR screening criteria in place prior to hiring ☐ 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

(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 you are a ReMA member, are you a Member of The ReMA Circle of Safety Excellence™? ☐ Yes ☐ No

Do you reference the ReMA 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 Business Interruption Coverage being requested? ☐ Yes ☐ No

If so, business interruption supplemental must be completed.

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

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:

Are there shredders/shredding systems at any of your locations? ☐ Yes ☐ No

If so, the shredder supplemental must be completed.

Are people other than employees allowed near mobile equipment, forklifts, or machinery? ☐ Yes ☐ No

If so, how close? _____

Permanently attached Material Handling Equipment other than Shredders

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

The breakout of the value of equipment must be separate from building values on the Acord applications. Please advise (for each piece of machinery) as to the following:

Location number	Year	Make	Model/type	Mfg. country	Value

(Continue above on separate paper if needed.)

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

Name/type of detection system: \$ _____

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

Name/type of suppression system: \$ _____

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

If so, please advise as to what:

Auto Fleet and Drivers

Do you require any auto insurance filings? ☐ Yes ☐ No

If so, please check all applicable:

☐ BMC-91 ☐ BMC-91X ☐ BMC-84 ☐ BMC-85 ☐ MCS-90 ☐ Form E ☐ FR-19 ☐ DMV 65 ☐ R1348
☐ OS-32 ☐ R1325e ☐ Other: _____

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? ☐ Yes ☐ No How often: _____

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

☐ [FMCSA SAFER Scores](#) 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 reoccurrence is on a separate piece of paper.

☐ 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 and/or non-business use 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: _____

Applicant's Signature: _____

Amwins Program Underwriters

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Addendum: 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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