

Supplemental Questionnaire – ATM Questionnaire

(This must be completed in addition to the General Supplemental any time paper recycling operations exist.)

Named Insured: _____

Paper recycling operation details

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

Newsprint: _____ Magazines: _____ Books: _____ Office refuse: _____

Other: _____ Describe other (if applicable): _____

Any collection/disposal of sensitive/confidential documents: ☐ Yes ☐ No

Are you a member of NAID? ☐ Yes ☐ No

(If so, please attached copy of agreement to be signed and describe controls for confidentiality.)

Indicate which buildings by location, building number and address that has inside storage and/or processing of paper:

Location No	Building number	Address

(Continue above on separate paper if needed.)

For outside storage

Open array? ☐ Yes ☐ No Closed array? ☐ Yes ☐ No

What is the maximum height paper is stored in feet? _____

How close to buildings is paper stored? _____

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

Is there available suppression in the yard? ☐ Yes ☐ No

If so, please describe: _____

Describe how paper stored outside is protected against vandalism and/or malicious arson attempts:

For inside storage

Open array? ☐ Yes ☐ No Closed array? ☐ Yes ☐ No

Maximum tonnage of paper stored at any one time in any one building: _____

What is the maximum height paper is stored in feet? _____

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

Are there building separations that would contain the spread of heat, smoke and/or fire? ☐ Yes ☐ No

If yes, please describe the features:

Fire prevention

Is the sprinkler system wet or dry? ☐ Yes ☐ No

All buildings that store and/or process paper must be sprinklered. Please provide current sprinkler testing reports for each applicable building.

Are fire extinguishers located throughout the building? ☐ Yes ☐ No

Is smoking prohibited? ☐ Yes ☐ No Are firefighting water hoses located within the building? ☐ Yes ☐ No

Are employees trained in use of firefighting equipment? ☐ Yes ☐ No

Is there pre-emergency planning and training completed with the fire department? ☐ Yes ☐ No

If so, how often? _____

Prepared by: _____ Title: _____ Date: _____

Applicant's Signature: _____

Amwins Program Underwriters

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