



RECYCLEGUARD

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 attach 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:

(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

145 Maplewood Avenue, Suite 220

Portsmouth, NH 03801

T 603.334.3000

RecycleGuard Submissions:

recycleguard.submissions.apu@amwins.com