

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:**
Go to the website: www.recycleguard.com, navigate to "Applications" on the right, and download the following PDF application(s):
 - **RecycleGuard Supplemental Questionnaire**
 - **Supplemental - Rubber**
 - **Supplemental - Plastic**
 - **Supplemental - Paper**
 - **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)

Send completed applications to:

Susan M. Diecidue
Underwriting Manager
RecycleGuard Insurance Program
Toll Free: (888) 225-4725
Direct Phone: (603) 334-3019
Fax: (603) 334-3090
Email: susan.diecidue@amwins.com