

RecycleGuard®

Supplemental Questionnaire—Package, Auto and Umbrella

Named Insured	Owner(s) names and percentage of ownership for each owner	Operations of Entity

Effective Date:

FEIN (please include all):

Company Website:

ISRI Member? yes no

RIOS certified? yes no

Have you at any time filed for Chapter 7 or Chapter 11 bankruptcy? yes no

If yes, please provide details:

Expiration Date:

Number of years in operation under this company name:

Number of employees:

ISO certified? yes no

R2 certified? yes no

Recycling operation details:

Types of Recyclable Materials received (please indicate percentages (total to be 100%) for each that apply):

Ferrous Metal	_ type(s)	Non-Ferrous Metal	type(s):
Glass	Yard Waste	Plastic	Cloth/Textiles
Paper	Rubber	Concrete/Asphalt	Electronics
Construction Materials	Other (please advise percentage and type):		

Projected yard payroll for recycling operations for above:

Projected tonnage for recycling operations for above:

Is there any processing of these materials beyond sorting? yes no

Please describe and provide revenues if so:

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? yes no

Please describe if so:

Any off-site work beyond picking up containers? yes no

If yes, please describe:

Does your operation include working at a landfill? yes no

Do you operate a landfill? yes no

Do you transport or haul goods for others? yes no

Please describe what is hauled, how often and the payroll and associated with these operations:

Do you have any smelting operations? yes no

Please describe the process 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, 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:

Subcontracted work (Please provide a copy of the contract(s) in place.):

Are there sub-contracted Operations (including trucking)? yes no

If yes, please advise specifically what is sub-contracted:

What are the sub-contracting costs for the upcoming year?

Do your subs name you as an AI on their policy? yes no

Do subs to carry limits equal to or greater than you? yes no

Do you obtain Certificates of Insurance to confirm? yes no

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Historical information:

POLICY YEAR	PREMIUM
Expiring year	GL: AL: APD: PROPERTY: IM: UMBRELLA:

Hiring Practices:

Are written applications used? yes no

Are reference checks performed? yes no

Are criminal background checks performed? yes no

What is your minimum number of years of experience required? Drivers:

Yard employees:

Do your driver hiring procedures require:

written test

road test

physical

drug/substance test

Is MVR screening criteria in place prior to hiring? yes no

Is a CDL license required? yes no

Is there a new hire orientation program? yes no

Is there a new hire formal training program? yes no

Does orientation include a review of safety? yes no

What is your driver age minimum?

Are your drivers awarded for safety? yes no

What is the employee: supervisor ratio?

What is the average wage of your truck drivers?

How are they paid (i.e., by mile, by load, by salary)?

Are medical exams required for new drivers? yes no

What is the age requirement of your equipment operators?

What is the experience requirement of your equipment operators?

Do you test equipment operators prior to hiring? yes no

Do you have a training program for equipment operators? yes no

Are all crane operators certified? yes no

If yes, please list type(s) of certification(s):

What are your qualifications for hiring equipment operators?

Is any leased, volunteer, or temporary labor used? yes no

If yes, please provide a copy of the contract used with the staffing company

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

Safety, Maintenance and Controls:

Daily operations:

Do you have a formal written safety program? yes no

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

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?

If ISRI member, are you a Member of The ISRI Circle of Safety Excellence™ yes no

Is there a documented business continuation plan? yes no

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

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 plan:

Premise and Equipment:

Is the facility (check all that apply):

Gated

Locked

Fenced

Lighted

Alarmed

Signage

Is your premise open to the public? yes no

If yes:

How do your customers get onto the site?

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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 backup power available? yes no

Are there multiple means of egress? yes no

Is there a fire/emergency evacuation plan in place? yes no

Is there smoking allowed on premises: yes no

Are fire extinguishers present? yes no

Do security cameras record daily operations? yes no

If so, is there a designated area? yes no

Are there cutting or torching operations on site? yes no

If yes, where does 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?

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?

Number of working days per week:

Are security guards employed? yes no

If yes to either of the above, do they carry weapons? yes no

Are guard dogs used on premises? yes no

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

Number of shifts per day:

Is a security service used? yes no (please attach copy of contract if yes)

If yes, what type?

Material Handling:

How is the recycled material received and handled?

Describe the radiation detection equipment used:

Are incoming shipments screened? yes no

What is the procedure if radioactive material is received?

Number of Employees trained in utilization:

Are outgoing shipments screened? yes no

Employees trained in hazardous waste identification? yes no

Is there a formal response and control program in place for a hazardous substance leak or spill? yes no

Is there any collection of any debris containing asbestos or lead paint? yes no

If yes, advise how handled: (or attach a written copy of procedures)

Is there any collection of batteries, oil, antifreeze, Freon, tires or batteries (now or in the past)? yes no

If yes, advise how handled: (or attach a written copy of procedures)

Do you regularly review battery collection procedures indicated in <https://swana.org/> and/or <https://www.law.cornell.edu/cfr/text/49/173.185> yes no

Do your operations include battery breaking, PCB transformer recycling? yes no

Is there a procedure for identifying lithium and/or other types of batteries? yes no

Are you removing any lithium batteries from collected materials? yes no

Do you have a procedure for identifying and handling receipt of electric vehicles? yes no

If yes, to any of the questions above, please provide detailed information related to the handling procedures on a separate document or provide a written copy of procedures and safety controls.

Auto Fleet and Drivers:

What is your ratio of drivers to power units:

Do you have spare vehicles? yes no

How often are they utilized?

Do all drivers have a minimum of 5 years of driving experience? yes no

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

Are there regular safety meetings for all drivers? yes no

Do you have annual driver formal training? yes no

If ratio not one driver to one unit, please explain why:

If yes, how many?

How is usage tracked?

How often:

Are annual medical exams required for all drivers? yes no

Do you have an accident investigation procedure yes no

Is there a disciplinary process for drivers of accidents? yes no

(Please attach a copy of the documented procedure)

If yes, please describe the process if not included in procedures:

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Are mid-term driver additions submitted to your insurance agent and/or carrier? yes no

Are all employee files maintained per DOT standards? yes no If no, explain why:
 How are files maintained: Electronically Paper

Do you have a vehicle maintenance program yes no
 Who services your fleet and what is their experience? (Please attach a copy of the mechanic vehicle fleet system form)

Physical address of maintenance facility:
 Are all vehicle maintenance files within DOT standards? yes no DOT number:

How are files maintained: Electronically Paper
 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 drivers perform written pre-and post-trip inspections? yes no (Please attach a sample of the form used.)

Do you monitor your own FMCSA Scores (<http://li-public.fmcsa.dot.gov/>) ? yes no

Do you have any "out of Service" Violations? yes no
 (If so, please provide details and advise what the corrective action is on a separate piece of paper.)

Do you have a cell phone use policy? yes no If yes, please describe:
 Is there a warning indicator on truck if the bed is lifted yes no Are open bed trucks are tarped when hauling materials yes no

Drivers trained in hazardous waste identification yes no

Do you have telematics installed in your vehicles? yes no

If so:

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 units do you have the equipment in?

Do you use this information it provides? yes no If so, how often do you retrieve the information?

What do you do with the information? / How do you use the information?

Coverage specific:

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:

Inland Marine:

Does your Contractors Equipment schedule include any cranes? yes no If so, please advise of boom length:

Have you verified values of all equipment to insure insurance-to-value? yes no

Is there any "home-made" equipment on the schedule? yes no

If so, please advise as to what:

Property (including permanently affixed equipment):

Is there permanently affixed equipment on the property schedule? yes no

If you are requesting coverage/including these values, please advise of the breakout of the value of equipment vs building by clearly documenting on Acord applications

Please advise (for each piece of machinery) as to the following:

Year, make and model, (country) origin and the type:

Lead time for replacement parts:

List any obsolete equipment:

Spare parts kept on hand? yes no

Critical spares kept on site? yes no

Fire protection on machinery? yes no

If so: What machinery is it attached to:

Identify type of protection and/or suppression system:

Identify any reciprocal processing arrangements or redundancy of plants in the event of a loss available that would shorten down time:

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?

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

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Describe the type and value (\$) amount of recyclable material and/or stock stored:

Inside the building:

Outside the building:

If inside the building, how high is it stacked:

If outside the building, how is it stored?

If outside the building, how far away from the building is it stored?

Do you want to include coverage for these values? yes no

How is this stock protected from theft?

If you are requesting coverage/including these values, please advise of the breakout of the values inside vs outside by clearly documenting on Acord applications

If requesting stock and/or recyclable material coverage, please indicate values (\$) by type and location as follows:

Inside the building:

Ferrous Metals

Non-Ferrous metals (please list by type):

Glass

Plastic

Cloth/Textiles

Paper

Rubber

Copper

Electronics

Auto parts

Shredder "fluff":

Other (describe):

Outside the building:

Ferrous Metals

Non-Ferrous metals (please list by type):

Glass

Plastic

Cloth/Textiles

Paper

Rubber

Copper

Electronics

Auto parts

Shredder "fluff":

Other (describe):

If requesting Business Income coverage:

Have you reviewed your revenues relative to your limit? yes no

Have you executed a BI worksheet? yes no (Please provide a copy of the worksheet.)

General Liability:

Is Blanket Additional Insured needed? yes no

Are Individual Additional Insured's requested? yes no If yes, please advise for each as follows:

Specific AI form needed:

Specific name and address of AI:

Relationship between Named Insured and Additional Insured:

"Project" description:

"Project" dates:

"Project" location:

Is Conversion Coverage desired? yes no If yes, what limit?

Is Impaired Property Coverage desired? yes no

Is Blanket Waiver of Subrogation Desired? yes no

Is Pollution coverage desired? yes no

Auto:

Any homemade trailers? yes no

If yes, please describe:

Is pollution coverage desired? yes no

Is MCS-90 needed? yes no

Is Blanket Additional Insured desired? yes no

Is Primary and non-contributory wording desired? yes no

Is Trailer Interchange desired? yes no

Limit:

Number of trucks:

Radius:

to:

from:

Is garaging indicated on all vehicles on Acords? yes no

Are values on Acords based on cost NEW? yes no

If the radius is over 200 miles on any of the vehicles, please indicate:

Departure city and state:

Destination city and state:

Large Loss History:

Has the insured had any losses greater than \$25,000 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: _____

Signature: _____

AmWINS Program Underwriters

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