

RecycleGuard®

Supplemental Questionnaire—Package, Auto and Umbrella

For auto dismantlers, paper, plastic and rubber please complete this along with the specific supplemental relative to your operations

Named Insured (All companies named on application/policies)	Specific names of Owner(s) 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% based on total tonnage amount below) for each that apply):

Percentage of Ferrous Metal Type(s):

Alloy Steel Carbon Steel Cast Iron Wrought Iron Other:

Percentage of Non-Ferrous Metal: Type(s):

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: Type(s):

gold silver platinum Other:

Percentage of other types of materials:

Glass	Yard Waste	Plastic	Cloth/Textiles
Paper	Rubber	Concrete/Asphalt	Electronics
Construction Materials	Other (please advise percentage and type):		

Please provide a full description of how materials are obtained, handled, distributed and who you ship your materials to:

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

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

Do you provide bins, dumpsters or trailers at sites? yes no

Please describe and provide revenues if so:

yes no

If yes, what is the revenue from these operations?

How many bins, dumpsters or trailers do you have?

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Additional operations:

Any other operations other than recycling? yes no
 Any off-site work beyond picking up containers? yes no
 Does your operation include working at 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:

Please describe if so:
 If yes, please describe:
 Do you operate a landfill? yes no

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

Are there sub-contracted Operations (including trucking)? yes no
 What are the sub-contracting costs for the upcoming year for these operations?
 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
Please provide a copy of the contract(s) in place.

Is 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 this 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:

Hiring Practices:

Are written applications used? 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 there a new hire orientation program? yes no
 Does orientation include a review of safety? yes no
 Are your drivers awarded for safety? yes no
 What is the average wage of your truck drivers?
 Are medical exams required for new drivers? yes no

Is a CDL license required? yes no
 Is there a new hire formal training program? yes no
 What is your driver age minimum?
 What is the employee: supervisor ratio?
 How are they paid (i.e., by mile, by load, by salary)?

What is the age requirement of your equipment operators?
 Do you test equipment operators prior to hiring? yes no
 Are all crane operators certified? yes no
 What are your qualifications for hiring equipment operators?

What is the experience requirement of your equipment operators?
 Do you have a training program for equipment operators? yes no
 If yes, please list type(s) of certification(s):

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.)

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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?

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 fire extinguishers present? yes no

Are there multiple means of egress? yes no

Do security cameras record daily operations? yes no

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

Is there smoking allowed on premises: 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:

Number of shifts per day:

Are security guards employed? yes no

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

If yes to either of the above, 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:

Material Handling:

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:

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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)

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

If so, please advise as to what:

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)

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

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

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

Is there any collection of any batteries? yes no

If so: please indicate types:

Lead Lithium-Ion Lithium Other:

Please describe in detail how batteries are handled and/or processed:

If collecting/handling batteries, please provide storage details:

For outside storage:

What is the maximum height batteries are stored in feet?

How close to buildings are batteries stored?

How many square feet of yard is used for holding batteries?

Is there any concrete surrounding the storage area of batteries? yes no

Is there available suppression in the yard? yes no

If so, please describe:

For inside storage:

What is the maximum height batteries is stored in feet?

How many square feet of floor is used for holding batteries?

Are there building separations that would contain the spread of heat, smoke and/or fire? yes no

If yes, please describe the features:

Auto Fleet and Drivers:

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?

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

How often:

Do you have annual driver formal training? yes no

Are annual medical exams required for **all** drivers? yes no

Do you have an accident investigation procedure yes no

(Please attach a copy of the documented procedure)?

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

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

Are MVR records pulled periodically on all drivers yes no

How often:

What is done if an employed driver is not acceptable?

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)

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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?

Do drivers perform written pre-and post-trip inspections? yes no

Who inspects the fleet and what qualifications does this person have?

(Please attach a sample of the form used.)

Do you monitor your own FMCSA SAFER Scores (<https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>)? yes no

Do you have any "out of Service" Violations? yes no

(If so, please provide details and advise what the corrective action was for violations and what is being done to mitigate reoccurrence 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?

Are there any other safety measures you use for your drivers and/or trucks not indicated above? yes no

If so, please describe:

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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