



Waste & Recyclables Supplemental Application

Note: This supplement is to be completed in conjunction with the ACORD 125, 127 (Business Auto Policy) or ACORD 132 (Truckers Policy) & a state specific ACORD 137

Note: For Fleet Accounts (5 or more power units), the following information is required:

1. Copy of driver handbook or written explanation of driver hiring/training/firing guidelines.
2. Copy of formal Safety Program or written explanation of informal safety program.
3. Three to five year hard copy loss runs for prior insurance coverage. If risk is a new venture, send three-year employment history and experience for owners.
4. Copy of vehicle maintenance schedule, including sample maintenance logs.

Section I - General Information

1. Policy Period Desired _____ Phone # _____
2. Insured Name _____ Fax # _____
(dba) _____
3. Physical Address (if diff. from mailing) _____
4. Have you ever operated under another name? Yes No
If "Yes," what was the name of that operation? _____

Section II - Description of Operations:

1. Type of hauling based on receipts (total % must be equal to 100%)
 _____% Residential (route pickup from residential locations including recyclables)
 _____% Commercial (route pickup from business establishments including recyclables)
 _____% All Other (Includes construction debris, septic tanks, waste oil, etc., **(be very specific)**) _____

NOTE: If hauling hazardous waste, submit to company for approval

NOTE: Trash/Refuse/salvage/scrap/junk transported in the following units are not acceptable and should be rated/classified within their own respective groups.

Dump Trucks/dump trailers

Wreckers/tow trucks/rollbacks

Box/van trucks, flatbed trucks, straight trucks, tractor/trailers

2. Do you operate under contract? Yes No; If "Yes," to whom? _____
3. Do you own a landfill/dumpsite? Yes No; If "Yes," who writes the Pollution and General Liability Coverages? _____
4. If hauling to a landfill, who owns it? _____
5. % of hauling to Transfer stations _____ % of hauling to Landfills _____
 % of hauling to Recycling centers _____ % to Other (be specific) _____

Section III - Area of Operations

1. Define normal areas of operation, i.e., Cities, States: _____
2. Do you operate over a regular route? Yes No If "Yes," describe: _____
3. List largest cities entered in each state: _____
4. Radius of operation 0-100 101-300 **301-500**

NOTE: If radius is over 300 miles, company approval is required to quote the account.

Section IV - Driver Information

- 1. Do you carry Worker's Compensation? Yes No
NOTE: If no and fleet account, company approval is required to quote the account.
- 2. Driver pre-hire procedure used (check all that apply) Application MVR check Road test
 Written test Pre-Employment physical Employment Reference Check
- 3. Are periodic reviews of drivers MVR's conducted? Annually Semi-Annually Other (Be specific)
- 4. Does applicant understand that if this application is accepted; newly hired drivers must be reported to the company within 14 days of the hiring date Yes No
NOTE: If the answer is "No," company approval is required to quote the account.
- 5. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?
 Yes No; if "Yes," explain. _____
- 6. How are drivers paid? Per Load Per Hour Per Mile Other(describe)_____
- 7. What is your annual driver turnover? _____%

Section V – Equipment Information

- 1. Do you interchange equipment with other carriers? Yes No; If "Yes," give details:_____
- 2. Is there specialized equipment attached to any unit? (check all that apply) Booms refuse grapples
 hooks Other: _____
- 3. If more than one unit insured, describe which unit is specially equipped._____
- 4. Check all applicable Body Types and indicate how many units of each type:
 Side loader ____ Front loader ____ Roll off ____ Pumper ____ Packer ____ Rollback ____
 Other:_____

Section VI - Safety and Maintenance

- 1. Give Details of Safety Program (*Be specific*)_____
- 2. Are any of the following procedures in place? (check all that apply) Company work rules
 Driver Training Program Safety Program/Meeting Driver Discipline Program
 Hazardous Waste ID Training Burning Load Fire Training
- 3. How often is vehicle maintenance done and by whom?_____
- 4. Describe your accident reporting procedures:_____
- 5. Describe security at Garaging Location (check all that apply):
 Units locked when not in use Keys kept in lock box Well lit lot Fenced lot Commercial area
 Residential area Other: _____
- 6. Do you have a driver safety incentive program? Yes No
If "Yes," attach written description of informal program or attach a copy of your formal program.
- 7. Is there safety equipment attached to any unit?(check all that apply) Cut off switches Strobe lights
 Tarps Back up alarms Video Monitors Automated Can Dumping Arm 2-Way Radio
 DriveCam Other: (Be specific):_____
- 8. Are your trailers retrofitted with Reflective tape or Reflectors? Yes No

Section VII- Additional Insured & Waiver of Subrogation

NOTE: If request for Additional Insured and/or Waiver of Subrogation is made by a landfill or an environmental group, insurance company approval is required.

Section VIII- Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer or files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Applicant's Signature

Date

Witness

Date

Agent's or Broker's Name (Please print) Telephone # / License #

Agent's Signature