



Waste Insurance
Program

**WASTE/RECYCLE HAULER
SUPPLEMENTAL APPLICATION**

1. GENERAL

A. List all Named Insureds (DBAs, trade names): _____

B. Services provided: _____

C. Address (street, city, county, state): _____

D. Web site Address: _____ E-mail address: _____

E. FEIN: _____ MC#: _____ DOT#: _____

F. Placard #: _____ Type Placard: _____ Other: _____

G. Date business started: _____ Name of Operations/Safety Manager: _____

H. How many years has current manager been with company? _____ **Please attach résumé.**

I. Have you filed for bankruptcy in the past seven (7) years? Yes No

J. Total projected revenues for coming year for all hauling activities: \$ _____

K. Have you ever received notification of a pollution or environmental investigation, incident, claim or damage allegation?
 Yes No

2. TYPE OF HAULING (Must equal 100%)

A. Do you haul hazardous, toxic, medical waste or any materials requiring placards or permits? Yes No

B. Residential collection: _____% Number of customers: _____

C. Commercial collection: _____% Number of customers: _____ Number of containers: _____

D. Construction & demolition: _____% Number of customers: _____ Number of containers: _____

E. Recyclables: _____% Annual receipts: \$ _____

F. Scrap materials: _____% Number of customers: _____ Annual receipts \$ _____

G. Port-o-John _____% Number of units _____

H. Other: _____% Describe: _____

I. Do you issue rental agreements for containers or toilets? Yes No **If yes, please attach copies of any agreements.**

J. Do you perform any operations at airports? Yes No

K. Radius of operation (must equal 100%): (0-50 miles): _____% | (51- 100 miles): _____% (101+ miles): _____%

3. AREA OF OPERATIONS (Must equal 100%)

A. Urban: _____% Suburban: _____% Rural: _____%

B. Number of days & hours/day driving: _____

C. Do you haul Intrastate or Interstate? If interstate, provide all states of operations: _____

D. Do you do any hauling between transfer station to landfill? Yes No

E. If yes, provide distance in miles (one way): _____

F. Name, city & state of transfer station & landfill: _____

G. Do you subcontract work to other haulers or operator(s)? Yes No **If yes, please attach copies of contract(s).**

4. COMPANY POLICIES AND PROCEDURES - Do you currently have:

A. Written company policies and procedures? Yes No Written driver training program? Yes No

B. Written safety program? Yes No Accident investigation procedures? Yes No

C. Company safety meetings? Yes No If yes, provide frequency of meeting: _____

D. Driver discipline program? Yes No If yes, describe: _____

E. Award program? Yes No If yes, describe: _____

F. Are waste truck driver wages reported on W2 Forms? Yes No

G. Are waste truck drivers paid per hour? Yes No If yes, provide hourly wage: _____

H. Are all employee driver files maintained according to Department of Transportation (DOT) standards?

Yes No If no, explain here or attach explanation. _____

I. How are driver files maintained? Electronically Paper

J. Do you carry workers compensation on all employees? Yes No

5. EMPLOYEE HIRING PRACTICES — Prior to hiring an employee, do you require a job applicant to satisfactorily complete:

A. Written application? Yes No

B. Drug Test? Yes No

C. Physical? Yes No

D. Road Test? Yes No

E. Written Test? Yes No

Prior to hiring an employee, do you obtain for each applicant a:

F. Background Check? Yes No

G. Motor Vehicle Report (MVR)? Yes No

I. Maximum MVR infractions/accidents for hiring and retaining employees as drivers: _____

J. How often are MVRs run on your employees? _____ **Please provide a completed drivers list with MVRs.**

K. Average annual driver turnover: _____

6. DRIVER TRAINING

- A. Is a driver training manual used? Yes No
- B. Days of driver training prior to being placed in cab: _____
- C. Days accompanied on route by supervisor or experienced driver before solo in cab (ridealong): _____
- D. Are drivers required to maintain driving logs? Yes No

7. FLEET OPERATION

- A. Describe safety equipment on vehicles (i.e. back-up alarms, video monitors, reflective tapes, etc.): _____
- B. Do drivers perform written pre- and post-route inspections of vehicles? Yes No **If yes, attach sample of inspection form.**
- C. Do you employ mechanics for fleet service? Yes No If yes, how many? _____
- D. How often are vehicles serviced? Daily Weekly Monthly As Needed **Please provide a copy of mechanic vehicle service form.**
- E. Are vehicles regularly inspected by state and/or federal agencies? Yes No
- F. Do you service non-owned vehicles? Yes No
- G. Do vehicle maintenance files conform to DOT standards? Yes No
- H. How are vehicle files maintained? Electronically Paper
- I. Where are vehicles garaged (physical address)? _____
- J. Identify security features of garaging location(s) (fence, alarm, etc.): _____
- K. Are you required to make filings with governmental authorities? Yes No Type of filings: _____
Please attach copy of each expiring filing for accurate renewal filing with all governmental division(s).
- L. Are you a member of any industry association? Yes No If yes, please list: _____
- M. Any personal-use vehicles? Yes No Are these vehicles also used for business purposes? Yes No
- N. Are you required to have an MCS90 endorsement on your policy? Yes No
If yes, explain and attach copy of expiring MCS90 filing.

WASTE/RECYCLE FACILITY ADDENDUM

THE FOLLOWING IS TO BE COMPLETED ONLY IF YOU OWN AND/OR OPERATE RECYCLING CENTERS, TRANSFER STATIONS, MATERIAL RECOVERY FACILITIES, SCRAP METAL DEALERS OR ANY OTHER COLLECTION CENTERS.

1. Describe type of facility: _____
2. Total square foot area of facility: _____
3. What is the annual average tonnage dumped at site? _____
4. Total annual receipts for operation: _____
5. Is the facility owned by you? Yes No Operated by you?* Yes No

****If not owned but operated by you, provide contract between you and the owner.***

6. Who uses/accesses the facility? You Only _____ Other Haulers _____ General Public _____
7. Percentage of use by: You _____% Other Haulers _____% General Public _____
8. Is dumping at the facility: Pit Method _____ Floor Dump _____ Combination _____
If combination, what is percentage of Pit _____% Floor _____%
9. Indicate days and hours of operation: _____
10. If haulers and general public use, is there separate entrance? _____ Exit? _____
11. Identify the number of attendants on duty to direct traffic: _____
12. Are attendants employed by you? Yes No
13. Do they regularly screen for hazardous/toxic materials? _____
14. Describe safety controls in place for direction of general public by your employees: _____
15. Is signage conspicuously displayed that identifies acceptable and unacceptable materials? Yes No
16. Does the facility accept or store, hazardous, toxic materials or tires? _____
17. What is the maximum storage period for these types of materials at any given time? _____
18. What types of materials are stored more than a week? _____
19. Describe premises fire protection systems: _____ How often are such systems inspected? _____
20. Describe type of perimeter protection and adjacent properties to facility: _____

FRAUD WARNING NOTICE

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THE INFORMATION PROVIDED TO OBTAIN THIS COVERAGE IS ACCURATE TO THE BEST OF HIS OR HER KNOWLEDGE, THIS INCLUDES ANY APPLICATIONS, LOCATION SCHEDULES, VALUATION STATEMENTS, LOSS HISTORY INFORMATION AND/OR ENGINEERING REPORTS.

THE FOLLOWING STATEMENT APPLIES IN ALL STATES EXCEPT THOSE NOTED BELOW:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Warning

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Fraud Warning

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Warning

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

Hawaii Fraud Warning

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Warning

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York Fraud Warning - Commercial Insurance (except Automobile):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York Fraud Warning - Automobile Insurance:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio Fraud Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Warning

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania Fraud Warning - Commercial Insurance:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Pennsylvania Fraud Warning - Motor Vehicle Insurance:

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington Fraud Warning

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Please sign, date and attach this completed application to your COMPLETED ACORD form, along with copies of the applicable documents listed throughout the application and in the checklist below.

- Resume of Operations/Safety Manager (Question 1H)**
- Rental and/or Hold Harmless Agreement(s) for all operations (Question 2I)**
- Subcontractor Agreements/Contracts (Question 3G)**
- Drivers list and current MVR for each driver (Question 5J)**
- Driver Vehicle Inspection Form (Question 7B)**
- Mechanic Vehicle Fleet Service Form (Question 7D)**
- Expiring Filing(s) (Question 7K)**
- MCS90 Endorsement (Question 7N)**
- Copy of operations contract between applicant and owner (Question 5, Waste/Recycle Facility Addendum)**

Applicant Signature & Title

Date

Producer Signature

Date

PLEASE NOTE THAT THE COMPLETION AND/OR EXECUTION OF THIS APPLICATION AND/OR AN ACCORD APPLICATION DOES NOT OBLIGATE THE INSURER TO QUOTE OR BIND COVERAGE AND/OR TO ISSUE AN INSURANCE POLICY TO THE APPLICANT.