

WASTE COLLECTION, RECYCLING, SCRAP & AUTO DISMANTLING SUPPLEMENTAL (VER. 081114)



CORNERSTONE
UNDERWRITING PARTNERS

EFFECTIVE DATE	NAME OF INSURED	DBA		
STREET ADDRESS		CITY	STATE	ZIP CODE
WEB ADDRESS	YEARS IN BUSINESS	YEARS OF RELATED EXPERIENCE	AGENCY	
PRODUCER	PHONE	EMAIL ADDRESS		

OPERATIONS (PLEASE INDICATE PERCENTAGE OF REVENUE FOR THE FOLLOWING)	RESIDENTIAL SOLID WASTE COLLECTION (MECHANIZED)	%	RESIDENTIAL SOLID WASTE COLLECTION (MANUAL)	%	CONSTRUCTION & DEMOLITION (C&D) DEBRIS ROLL-OFF CONTAINERS	%
	RECYCLABLES COLLECTION	%	SCRAP METAL COLLECTION	%	CRUSHED AUTOS HAULING	%
	STORM DEBRIS COLLECTION	%	HAULING FROM TRANSFER STATION TO LANDFILL	%	LANDFILL OPERATIONS	%
	INCINERATION OPERATIONS	%	HAZARDOUS, MEDICAL OR SPECIAL PLACARDED WASTE INCLUDING ASBESTOS CONTAMINATED SOIL	%	PAPER SHREDDING & DOCUMENT DESTRUCTION OPERATIONS	%
	RECYCLABLES/SCRAP METAL PROCESSING	%	AUTO DISMANTLING & PROCESSING	%	TIRE SHREDDING, RECYCLING & PROCESSING	%
	COMMERCIAL SOLID WASTE COLLECTION	%	OTHER	%	DESCRIBE OTHER	

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS							
IS DEBRIS/REFUSE COVERED/TARPED PRIOR TO OPERATING ON PUBLIC ROADWAYS?	☐ YES ☐ NO	DO YOU HAUL BAIL RECYCLABLES REFUSE?	☐ YES ☐ NO	DO YOU OWN/OPERATE A PROCESSING/RECYCLING FACILITY?	☐ YES ☐ NO	DO YOU OWN/OPERATE A GARBAGE TRANSFER STATION?	☐ YES ☐ NO
DO YOU OWN ANY OTHER BUSINESSES?	☐ YES ☐ NO	DO YOU OWN/OPERATE A LANDFILL/DUMPSITE?	☐ YES ☐ NO	HAVE YOU BEEN CITED FOR ANY EPA (FEDERAL, STATE OR LOCAL) OR OTHER ENVIRONMENTAL VIOLATIONS?	☐ YES ☐ NO	ARE ALL OWNED & OPERATED POWER UNITS LISTED ON THE APPLICATION?	☐ YES ☐ NO
ANY USE OF SUB-HAULERS OR OWNER/OPERATORS?	☐ YES ☐ NO	IF PREVIOUS YES, DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS?	☐ YES ☐ NO	DO YOU ALLOW FAMILY MEMBERS OR GUEST PASSENGERS TO "RIDE ALONG" ON SERVICE CALLS?	☐ YES ☐ NO	DO YOU LEND, LEASE OR RENT TRUCKS OR EQUIPMENT TO OTHERS WITHOUT DRIVER/OPERATORS?	☐ YES ☐ NO
DO YOU AGREE TO REPORT ALL DRIVERS TO YOU AGENT PRIOR TO THEM DRIVING AN INSURED UNIT?	☐ YES ☐ NO	DO YOU COMPLY WITH ALL DOT/FMCSA REGULATIONS CONCERNING DRIVER EMPLOYMENT, FILES AND REGULATIONS?	☐ YES ☐ NO	HAVE YOU OR ANY BUSINESS YOU EVER OWNED FILED FOR BANKRUPTCY?	☐ YES ☐ NO	DO YOU HAVE A FORMAL SAFETY PROGRAM?	☐ YES ☐ NO
DO YOU HAVE A VEHICLE MAINTENANCE PROGRAM?	☐ YES ☐ NO	ARE IGNITION KEYS LEFT ON OR IN VEHICLES WHEN UNATTENDED?	☐ YES ☐ NO	DOES THE APPLICANT HAVE UNDERGROUND OR ABOVEGROUND STORAGE TANK FACILITIES?	☐ YES ☐ NO		
WHAT PERCENTAGE OF YOUR TERRITORY IS?	RURAL %	SUBURBAN %	METROPOLITAN/URBAN %	WHAT IS THE RADIUS OF OPERATIONS?	0 - 100 MILES %	101 - 200 MILES %	201 + MILES %
HOW ARE DRIVERS COMPENSATED?	BY MILE? ☐ YES ☐ NO	BY TRIP? ☐ YES ☐ NO	BY LOAD? ☐ YES ☐ NO	BY HOUR? ☐ YES ☐ NO			

VEHICLES/OPERATIONS MONITORING: (CHECK ALL THAT ARE APPLICABLE)							
☐ RECORDING DEVICES	☐ RADIO DISPATCH	☐ SURVEILLANCE DEVICES	☐ ANTI-THEFT DEVICES	☐ GPS SERVICES	☐ BACK-UP CAMERAS/ALARMS	☐ NONE	☐ OTHER DESCRIBE OTHER

DO YOUR DRIVER SELECTION PROCEDURES INCLUDE THE FOLLOWING?															
WRITTEN APPLICATION?	☐ YES ☐ NO	WRITTEN TEST?	☐ YES ☐ NO	MVR REVIEW?	☐ YES ☐ NO	PHYSICAL?	☐ YES ☐ NO	INTERVIEW?	☐ YES ☐ NO	REFERENCE CHECKS?	☐ YES ☐ NO	DRUG TEST?	☐ YES ☐ NO	DRIVING TEST?	☐ YES ☐ NO

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HAVE ANY DRIVERS BEEN CONVICTED OF THE FOLLOWING?		
NEGLIGENT HOMICIDE UNLAWFUL USE OF A VEHICLE SPEED CONTEST OR RACING	RECKLESS DRIVING LEAVING THE SCENE OF AN ACCIDENT OR A HIT AND RUN ANY FELONY CONVICTION WHICH INVOLVES A MOTOR VEHICLE	SPEED TWENTY MILES OR MORE OVER THE SPEED LIMIT DRIVING WHILE LICENSE IS SUSPENDED OR REVOKED IN A COMMERCIAL VEHICLE DUI OR DWI

IF YES, PLEASE PROVIDE DRIVER NAME, CONVICTION DATE, & DETAILS:

US DOT #	ADDITIONAL DBA NAME		ADDITIONAL DBA ADDRESS	
ICC #	ADDITIONAL DBA NAME		ADDITIONAL DBA ADDRESS	
MC/MX#	ADDITIONAL DBA NAME		ADDITIONAL DBA ADDRESS	
MOBILE DOCUMENT SHREDDING: (SHREDDING OF)	MEDICAL RECORDS %	FINANCIAL RECORDS %	OTHER CONFIDENTIAL RECORDS %	NON-CONFIDENTIAL RECORDS %
WHAT PERCENTAGE OF SHREDDING IS DONE AT CUSTOMERS LOCATION? %	ARE CRIMINAL BACKGROUND CHECKS COMPLETED ON ALL EMPLOYEES WHO PERFORM SHREDDING? ☐ YES ☐ NO	HAVE YOU SUCCESSFULLY COMPLETED THE NAID OR EQUIVELANT CERTIFICATION PROGRAM? ☐ YES ☐ NO	DO YOU PROVIDE DOCUMENT STORAGE? ☐ YES ☐ NO	

AUTO & TRUCK DISMANTLING, RECYCLING, SCRAP OPERATION (PLEASE INDICATE PERCENTAGE OF TOTAL SALES)							
USED AUTO PARTS %	NEW AUTO PARTS %	INSTALLATION OR MECHANICAL REPAIR %	TOWING FOR OTHERS %	ENGINE OR TRANSMISSION REBUILDING %	USED CAR SALES %	OTHER %	
DESCRIBE OTHER							

PLEASE COMPLETE THE FOLLOWING QUESTIONS				
DO YOU CRUSH AUTO OR IS THIS WORK SUBCONTRACTED? ☐ YES ☐ NO	ARE YOU AN ARA CERTIFIED AUTOMOTIVE RECYCLER (C.A.R.)? ☐ YES ☐ NO	ARE YOU A URG MEMBER? ☐ YES ☐ NO	ARE ANY GUARD DOGS ALLOWED TO RUN FREE DURING EMPLOYEE WORK HOURS? ☐ YES ☐ NO	
ARE MECHANICS ASE CERTIFIED? ☐ YES ☐ NO	ARE EMPLOYEES WHO USE TORCHES, WELDERS, AND/OR PLASMA CUTTERS PROPERLY TRAINED? ☐ YES ☐ NO	DOES ALL MACHINERY HAVE PROPER GUARDING? ☐ YES ☐ NO	ARE LOCKOUT/TAGOUT PROGRAM MEASURES IN PLACE? ☐ YES ☐ NO	
ARE EMPLOYEES REQUIRED TO WEAR PPE? ☐ YES ☐ NO	ARE ALL MACHINERY, CRANES, GRABBLES, AND MAGNETS INSPECTED AND MAINTAINED ON A REGULAR BASIS? ☐ YES ☐ NO	ARE EMPLOYEES TRAINED ON PROPER LIFTING TECHNIQUES? ☐ YES ☐ NO	DO YOU HAVE PROCEDURES IN PLACE FOR REMOVAL OF ANTIFREEZE, BATTERIES, FUEL AIR BAGS, AND REFRIGERANT? ☐ YES ☐ NO	
IF AUTOS ARE STACKED, ARE PROPER SAFETY METHODS IN PLACE (RACKING, SHELVING, ETC.)? ☐ YES ☐ NO	ARE ALL FORKLIFT DRIVERS CERTIFIED? ☐ YES ☐ NO	DO YOU PERFORM ANY REPOSSESSION WORK? ☐ YES ☐ NO		

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 [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

INSURED SIGNATURE _____ DATE _____

AGENT SIGNATURE _____ DATE _____