



Waste Management & Recycling Supplemental

Named Insured: _____

Website: _____

Detailed Description of Operations: _____

Hours of Operation: _____

Employees (# of Each): Full Time Part Time Seasonal Volunteers

How are Employees Paid: Hourly Commission Salary **Other:** _____

Benefits Offered (check all that apply): Paid Sick Time Paid Vacation 401k Retirement

Group Health Coverage: Yes No **If yes, % paid by employer:** %

Pre Hire (check all that apply): Written Application Reference Checks Physicals
 Pre-Hire Drug Testing Random Drug Testing Post Accident Drug Testing
 Pre-Hire MVR Checks Annual MVR Checks Criminal Background Checks
Other, please list: _____

Return-To-Work/Light Duty Available: Formal/Written Informal/Verbal None

Employee Average Annual Turnover: %

Subcontractors Used: No Yes **If yes, what % of payroll** %

Are COIs Obtained for Subs: Yes No N/A

Day Laborers or Employee Leasing: Yes No

Safety Program in Place: Formal/Written Informal/Verbal None

Safety Training: Yes, Documented Yes, Verbal None

Safety Meetings: Yes No

If yes, frequency: Weekly Monthly Quarterly Annually

Lifting Exposures: <25lbs 25-40lbs 40+lbs N/A

Machinery Guarded & Maintained: Yes No N/A

Lockout/Tagout: Yes No N/A

Forklifts Used: No Yes **Check Box if Operators Are Annually Certified**

Maximum Depth in Feet: 0-3 Feet 4-7 Feet 8 Feet and Below N/A

Maximum Height in Feet: 0-6 Feet 7-15 Feet 15 Feet and Above N/A

If heights, what is used: Scissor Lift Scaffolding Bucket Truck Ladder
Other, please describe: _____

List all Personal Protective Equipment: Gloves Back Belts Protective Clothing Ear Plugs
 Goggles Non-Slip Shoes Steel Toed Boots Masks
 Hard Hats **Other, please list:** _____

Driving or Delivery Mileage % of Each: <50 50-100 100+ N/A

Group Transportation: No Yes **If yes, # of Employees:** #

Are Vehicles Company Owned: No Yes N/A

Vehicle Maintenance Program: In-House Outside Vendor No

Distracted Driving policy in place: No Yes N/A

Drivers Training: No Yes N/A

CDL's Required: Yes No N/A

If Out of State Travel, List States: _____

Overnight Travel by Employees: No Yes **If yes, frequency:** _____

Any Employees Have the following Violations?
 N/A Manslaughter Refusal of Breathalyzer Test
 Criminal Convictions Hit and Run Open Container/alcohol to minors
 Negligent Homicide Reckless Driving Suspended or Revoked License
 DUI 2 or more "at-fault" accidents or moving violations in the past year
 Speeding over 25mph 3 or more "at-fault" accidents or moving violations in the past 3 years
If Yes, Please Explain: _____

Do you own and/or operate a land fill: Yes No

Please check all operations that apply:
 Residential Trash Collection Commercial Trash Collection
 Residential Recycling Collection Commercial Recycling Collection
 Portable Sanitation Services Yard Debris Collection
 Hazardous Waste Collection/Transfer Demolition, Dismantling, Salvage
 Container Services Construction Debris Removal

Please indicate types of trucks used:
 Flat Beds Non-Articulated Tankers N/A
 Box Body Trucks Partitioned Recycling Trucks
 Hook Lift Articulated Tractor Trailers
 Manual Side Loading Automated Front Loading Dumpster
 Manual Rear Loading Automated Side Loading Dumpster
 Roll Off Automated Rear Loading Dumpster

Do you engage in any recycling operations: N/A
 Glass/Bottles Cooking Oil
 Paper/Cardboard Batteries
 Plastics Motor Vehicles/Parts
 Small Engines Construction Debris/Materials
 Engine Oil Office Equipments
 Electronic Equipment Hydraulic/Transmission Fluid
 Ferrous Metals Household Furniture
 Non-Ferrous Metals Yard Debris

Please check all equipment used in your recycling operation:
 Crushers Separators Compactors N/A
 Loaders Cranes Bailers

<input type="checkbox"/>	Shippers/Shredders	<input type="checkbox"/>	Shears	<input type="checkbox"/>	Incinerator/Furnace
<input type="checkbox"/>	Excavators	<input type="checkbox"/>	Shredders	<input type="checkbox"/>	Sifters
<input type="checkbox"/>	Forklifts	<input type="checkbox"/>	Bulldozers	<input type="checkbox"/>	Conveyors
<input type="checkbox"/>	Wire Stripper	<input type="checkbox"/>	Choppers	<input type="checkbox"/>	Cutting Torch

Do you allow employees to ride on the outside of your vehicle?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Any employees performing manual sorting (hand sorting)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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****Please Provide a Complete List of Owned or Leased Vehicles****

Affirmation

The undersigned acknowledges and understands the information provided herein will be used to evaluate the applicant and a decision as to whether the applied to insurance company will offer workers' compensation insurance will be made, in part, based on the information provided. Signature below indicates the information provided is true and correct. This Supplemental Application must be signed by a principle, owner or partner of the entity applying for insurance.

Owner/Officer Signature: _____ **Date:** _____