



## 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 # \_\_\_\_\_
3. (dba) \_\_\_\_\_
4. Physical Address (if diff. from mailing ) \_\_\_\_\_
5. Have you ever operated under another name?  Yes  No
6. 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)
  - \_\_\_\_\_ % Oilfield Waste (**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. Do you hire Temporary workers (**definition provided below**)  Yes  No **If yes, do you have Workers Compensation for Temporary Workers?**  Yes  No  
**Temporary Workers are defined as "a person who is furnished to you to substitute for a permanent employee on leave or to meet seasonal or short-term workload conditions"**
3. Driver per-hire procedure used (check all that apply)  Application  MVR check  Road test  Written test  
 Pre-employment physical  Employment Reference Check
4. Are periodic reviews of drivers MVR's conducted?  Annually  Semi-Annually  Other (be specific) \_\_\_\_\_
5. Do you order motor vehicle reports on all of your drivers within 30 days of employment?  Yes  No
6. 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.**
7. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?  Yes  No  
**NOTE: If "NOTE: If "Yes", please explain** \_\_\_\_\_
8. Advise number of drivers employed over the past 6 mos. \_\_\_\_\_ or over the past 12 months \_\_\_\_\_
9. 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. How often is vehicle maintenance done and by whom? \_\_\_\_\_
3. Describe your accident reporting procedures: \_\_\_\_\_
4. 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.**
5. 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): \_\_\_\_\_
6. 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