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| **APPLICANT:**  Insured Name      *(Include all owned entities, dba names, additional named insureds, individual insureds, if any)*  Insured is: Individual Partnership Corporation | | | | |
| Effective Date | | Years in Business Under this Name: | | Years of Experience in this Field: |
| DOT #:  MC# |  | | Are Federal Filings Required? Yes No If yes, list required filings:  Are State Filings Required? Yes No If yes, list required filings by state: | |
| Has the applicant ever filed for bankruptcy under this or prior name? Yes No  Has the applicant ever operated under any other name? Yes No If yes, state the reason for the name change.  Does the applicant have any Subsidiaries? Yes No If yes, provide details of relationship. | | | | |

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| **DESCRIPTION OF OPERATIONS:**  List All Operations You Perform based on receipts *(total must equal 100%):*       % Residential (route pickup from residential locations including recyclables)       % Commercial (route pickup from business establishments including recyclables)       % Roll-Off Containers (construction debris etc.)       % Hazardous Materials (if yes, explain):       % Salvage/junk materials (includes wrecked/salvaged autos)       % All Other (Septic tanks, waste oil, etc., **be specific**):  List Destination for Refuse Materials You Transport *(total must equal 100%):*       % Hauling to Transfer stations       % Hauling to Landfills       % Hauling to Recycling centers       % All Other (**be specific**):  Total estimated revenue for the upcoming policy year from the rental of refuse containers, including roll-off containers: $  Provide estimate of the operation for the upcoming policy year:  Driver Payroll:       Non-driver Payroll (exclude clerical, sales & owners):       Number of Employees::   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Power Unit HISTORY:** List the number of power units at policy expiration:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **2019-2020** | **2018-2019** | **2017-2018** | **2016-2017** | **2015-2016** | |  |  |  |  |  |     **SCOPE OF OPERATIONS:**  Average Trip:      miles Max Trip:      miles Describe the general geographical area(s) of operations:   |  |  | | --- | --- | | Describe Radius Of Operations *(total must equal 100%):*       % 0-50 miles       % 51-200 miles       % 201-500 miles       % 501+ miles | Describe Driving (*total must equal 100%):*       % Urban Areas       % Suburban Areas       % Interstate       % Rural |   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: | | | | |   What is the maximum value of vehicles parked at any one location? $  **EQUIPMENT TELEMATICS:**  Are units equipped with GPS? Yes No If yes, when was GPS implemented?  If yes, what driving behavior is monitored:  None Speed Acceleration Braking Cornering Location Other:  Are units equipped with dash cameras? Yes No If yes, when were dash cams implemented  Describe camera locations: Dashboard Driver Facing Dashboard Forward Facing Rear Facing  Describe recording methods: Critical Events Continuous Loop Other:  Are units equipped with Advanced Driver Assistance Systems? Yes No If yes, what features are included:  Collision Avoidance Blind Spot Detection Lane Departure Warning Adaptive Cruise Control Stability Control System  Driver Drowsiness Detection Traffic Sign Recognition Other:  Identify safety equipment attached to units*:(check all that apply)* Cut off switches Strobe lights Tarps Back up alarms  Video Monitors Automated Can Dumping Arm 2-Way Radio Speed Governors (max speed) Fender mirrors  Other: (Be specific):  **PRE-HIRING/DRIVER SCREENING:**  Does the applicant obtain or perform: *(check all that apply)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Drug Test |  | Road Test |  | Written Test |  | | Reference Check |  | Medical Certificate |  | MVR Review |  |   Do you have a Ride-A-Long Training Program? Yes No If yes, how long in duration?  Minimum Driver Age Requirement:       Minimum Experience Requirement:       How are drivers compensated:  Provide the number of: Full Time Drivers:      Part Time Drivers:      Owner/Operators *(operating their own units for applicant’s business)*:  Average number of drivers annually      Number of driver terminations in last 12 months:       Number of Driver Resignations:  Number of newly hired drivers in the last 12 months:       Average length of employment:  **SAFETY PROGRAM:**  Does the applicant have: *(check all that apply)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Driver Orientation |  | Driver Incentives |  | Written Safety Program | | Full Time Safety Director |  | Safety Meetings |  | Hazardous Waste ID Training | | Burning Load Fire Training |  |  |  |  |   Is a fire watch conducted after vehicles are parked & shutdown? Yes No If yes, by whom:  **MAINTENANCE PROGRAM:**  Does the applicant have an in-house repair facility? Yes No If yes, list types of repairs performed:  Does the applicant have a vehicle maintenance program? Yes No If yes, is the program documented? Yes No  Are maintenance records kept on individual vehicles? Yes No How often are vehicles inspected?  **LOSS HISTORY:**  Has the applicant ever had insurance for this operation cancelled, declined, or renewal refused? Yes No If yes, list details:  Describe any losses over $25,000 in the last five years:  Are there any open/unreported claims pending?       If yes, list details:  **ADDITIONAL UNDERWRITING QUESTIONS:**  Check all applicable Body Types and indicate how many units of each type:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Side Loader |  | Front Loader |  | Roll Off | | Pumper |  | Packer |  | Rollback | | Other |  |  |  |  |   Does the applicant use electronic log programs to audit driver log books? Yes No  Do drivers perform duties which require climbing into the cargo area of the truck? Yes No If yes, please explain:  Does the applicant have Workers Compensation Insurance?  Yes  No If no, are they exempt from WC laws?  Yes  No  **GENERAL LIABILITY:**  Are there any other operations that are not related to Refuse / Trash services? Yes  No If Yes, describe:  Do you use a written agreement with each customer? Yes No  If yes, does the agreement contain defense and indemnification language? Yes No *(attach copy)*  Are there any contractual requirements of you from customers related to General Liability or Auto Liability insurance?  Yes  No  If yes, please explain:  Do you own and/or operate any special equipment (i.e. shredder, bailer/bundler, compactor, etc)? Yes No If yes, describe:  Do you own and/or operate a transfer station and/or recycling site? Yes No If yes, describe security:  Do you own and/or operate a landfill? Yes No  Who owns the landfill, transfer station, or recycling center you haul to?  Do they require you to name them as an Additional Insured?  Yes  No Do they require a Wavier of Subrogation?  Yes  No    **SUBCONTRACTING:**  Do subcontractors perform any part of your operations? Yes No If yes, provide details on all types of subcontracting relationships you enter into and annual cost of hire for each:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Hauling $ | Other |  |  |  |   Will insured have signed subcontractor agreements with indemnification and hold harmless clauses for all subcontractors with whom they conduct business? Yes No If No, please describe the method of risk transfer the insured intends to use in place of subcontractor agreements with hold harmless clauses:  Do all subcontractors carry limits equal to or greater than the limits being requested? Yes No  Are certificates of insurance required from subcontractors naming insured as an “Additional Insured”? Yes  No | |
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**The applicant hereby submits this supplemental and acknowledges that the information set forth herein is complete and accurate and will form the basis for risk selection decisions.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**