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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::

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| **Power Unit HISTORY:** List the number of power units at policy expiration:

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| **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:

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| --- | --- |
| 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):*

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| [ ] 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)*

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| [ ] 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)*

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| --- | --- | --- | --- | --- |
| [ ] 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:

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| --- | --- | --- | --- | --- |
| [ ] 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 [ ] NoWho 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:

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| --- | --- | --- | --- | --- |
| [ ] 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**