



Waste Haulers Supplemental Application

Named Insured	Owner(s) name and percentage of ownership for each	Operations of Entity

Effective Date:

Expiration Date:

Company Website:

DOT# _____ MC# _____

Has the applicant at any time filed for Chapter 7 or Chapter 11 bankruptcy? Yes No
If yes, please provide details:

Hauling information:

Please indicate percentages hauled (total must equal 100%-enter as decimal-.1=10%):

Recyclables _____ Trash _____ Transfer to Landfill _____ Construct & Demolition _____

Portable Toilets/Septic Pumping _____

Commercial or Industrial Collection: Number of customers: _____ Number of

Containers currently in use? _____ Location of stored spare containers: _____

When containers are placed, describe any signage beyond ownership/contact information:

C&D: Number of customers: _____ Number of Containers? _____

Residential Collection: Number of customers: _____

Please provide the percentages that your hauling is from:

Municipal Collection (Direct contract) _____

Contract Collection (Subcontracted to other hauler) _____

Private Collection (residential or private business) _____

How frequent are your scheduled pick ups (daily, weekly, etc)?



Do you transport or haul goods for others? Yes No

Describe what is hauled:_____ Frequency:_____

Payroll from these operations:_____ Receipts from Operations:_____

Radius of Operation

Percent within: 50 miles _____ 100 miles _____ Over 100 miles _____

States operating in: _____

Provide percentage (total to equal 100%-enter as decimal-.1=10%) :

Metro: _____

Suburban: _____

Rural: _____

List all municipalities contracted with: _____

Additional operations:

Any other operation(s) other than waste hauling? _____ If Yes please describe and provide revenue amount _____

Do you own or operate a landfill or incinerator? Yes No

Do you own or operate a waste treatment or disposal facility? Yes No

Do you haul liquid waste? Yes No

Do you have waste to energy operations? Yes No

Do you haul biohazard or medical waste? Yes No

If yes, please describe:_____

Are there any reuse product sales from C&D: Yes No

(If yes, please provide a copy of the bill of sale and warranty if applicable.) What is the revenue from product sales?_____



What is the material breakdown of C&D? _____

Please provide the breakout of revenues from waste hauling and each of the other operations: _____

Hiring Practices:

Please attach a copy of driver hiring guidelines.

Are written applications used? Yes No (If yes, please attach copy)

Are criminal background checks performed? Yes No

Are references checked prior to hiring? Yes No

Are current MVR's screened prior to hiring? Yes No

Is there a pre-employment drug test? Yes No

Is possession of a valid CDL a hiring requirement? Yes No

How many years prior similar driving experience is required? _____

Is there a road test required for hiring? Yes No

Is there a written test in English required for hiring? Yes No

What is the minimum age requirement for employment? _____

Driver Information

Please attach a copy of the driver manual.

Is there a formal orientation/safety program in place for new drivers? Yes No

Is there a formal driver training manual? Yes No (If yes, please provide copy)

Are new drivers required to read and acknowledge receipt of driver manual? Yes No

What type of ride-along period is required for new drivers? _____

At what point are new drivers allowed to drive un-supervised? _____

What is the employee/supervisor ratio? _____ / _____

Are drivers union or non-union?



Are drivers paid hourly, salary, or per load? _____

What is the average wage of the truck drivers? _____

How many drivers have been hired in the last 24 months? _____

Are there any leased, volunteer or temporary drivers used? Yes No

If yes, explain: _____

Are drivers shadowed/followed without their knowledge? Yes No

Are all mid-term hires submitted to insurance carrier for pre-hire review? Yes No

Driver Disciplinary Procedures

Are there disciplinary guidelines for drivers with multiple accidents? Yes No

Does the disciplinary process include termination? Yes No

Are MVR's pulled periodically on all drivers? Yes No How frequently?

What measures are taken if MVR's are found to be non-compliant? _____

Safety and Controls

Is there a formal written safety program in place? Yes No *(If yes, please provide copy)*

Are there regularly scheduled mandatory driver safety meetings? Yes No

Scheduled at what intervals?

(Please attach copies of attendance logs for the past three meetings and indicate topics discussed)

Is there an accident kit including a camera in each vehicle that includes a list of post-accident procedures? Yes No

Are routes scheduled to minimize stops, backing and turnarounds? Yes No

Are vehicles equipped with GPS devices to verify scheduled routes? Yes No

Describe vehicle safety equipment (backup alarms, cameras, video monitors, reflective tape, etc.)

Is there any pre-emergency training with fire-department? Yes No

Does safety manual address load securement/tarping procedures? Yes No

Is there a cell phone policy in place if not addressed by state statute? Yes No



Describe security features of garaging location(s) by location:

Attach list if additional space is needed.

Is there any personal use of vehicles? Yes No

Is there a personal use policy in place? Yes No

Maintenance/Compliance

Are driver and maintenance files maintained electronically or by paper per DOT standards? Paper Files Electronic Files

Does management regularly view the SAFER report and other FMCSA resources? Yes No How frequently? _____

How are Out of Service violations addressed and in what time frame?

Do drivers perform written pre and post trip inspections which verify presence of on board accident kits? Yes No (please provide sample form used)

Are vehicles maintained by employed mechanics? Yes No
If no, what is the physical address of the maintenance facility?

What are the regularly scheduled maintenance intervals? _____

How often is the fleet inspected _____ and by whom? _____

(Please attach a copy of the mechanic vehicle fleet system form)

What are this individual's/entity's qualifications? _____

How many spare vehicles are maintained? _____

How many spare vehicles are required by contract? _____

Auto Specific Questions

Are values on ACORDs based on original cost new ? Yes No

Is Primary and non-contributory wording desired? Yes No



Is MCS-90 needed? Yes No (Please provide copy of expiring MCS-90)

Please provide explanation of the need for the MCS-90, if applicable.

Are there any other Federal, state or local authorities? Yes No

If yes, please provide copies of current filings.

General Liability Specific Questions

Are any hold harmless agreements or other indemnification agreements that have been signed? Yes No If so, with whom? Please provide copy.

Is Blanket Additional Insured requested? Yes No

Or

Are Individual Additional Insureds requested? Yes No

If necessary, list specific Additional Insureds name, address, relationship with insured and if project-specific, please provide project date, AI form needed, project description and location.

Is any used or second hand equipment sold? Yes No

Is there any public premises exposure existent other than business invitees? Yes No

Are customer/visitor areas clearly marked? Yes No

Inland Marine Specific Questions

For Values over \$150,000, Have values been verified on all equipment for insurance to value? Yes No

Is there any "homemade" equipment on the schedule? yes/no If yes, please describe all: _____

Prior Carrier Experience:

Carrier	Year	Premium	# Power Units	#Claims
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Target Premium: _____



THE FOLLOWING IS TO BE COMPLETED ONLY IF YOU OWN AND/OR OPERATE RECYCLING CENTERS, TRANSFER STATIONS, MATERIAL RECOVERY FACILITIES, SCRAP METAL DEALERS OR ANY OTHER COLLECTION CENTERS.

- 1. Describe type of facility:
- 2. Total square foot area of facility:
- 3. What is the annual average tonnage dumped at site?
- 4. Total annual receipts for operation:
- 5. Is the facility owned by you? Yes No Operated by you?* Yes No

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****If not owned but operated by you, provide contract between you and the owner.***

- 6. Who uses/accesses the facility? You Only Other Haulers General Public
- 7. Percentage of use by: You Other Haulers General Public
- 8. Is dumping at the facility: Pit Method Floor Dump Combination
- If combination, what is percentage of Pit Floor
- 9. Indicate days and hours of operation:
- 10. If haulers and general public use, is there separate entrance? Exit?
- 11. Identify the number of attendants on duty to direct traffic:
- 12. Are attendants employed by you? Yes No

Signature: _____

Date: _____

PLEASE NOTE THAT THIS PROGRAM DOES NOT INCLUDE POLLUTION COVERAGE