

Construction Debris & Recycling Program Application General Liability

Submission Requirements:

- | | |
|---|---|
| <input type="checkbox"/> 5 years currently valued loss runs
<input type="checkbox"/> Completed questionnaire, signed and dated
<input type="checkbox"/> Most Recent Balance Sheet & Income Statement
<input type="checkbox"/> Copy of Contract used with Subcontractors
<input type="checkbox"/> Copy of the Workers Compensation Mod Worksheet | <input type="checkbox"/> Narrative on any Losses in Excess of \$10,000
<input type="checkbox"/> Completed Acord Applications, Signed
<input type="checkbox"/> Copy of standard rental or work agreement(s)
<input type="checkbox"/> Copy of your safety manual
<input type="checkbox"/> Résumé/statement of Qualifications on Key Personnel |
|---|---|

Applicant's Business Name: _____

Please list all DBA Names: _____

Mailing Address: _____

Location Address: _____

- Individual
 Partnership
 Corporation
 Other:

Inspection Contact Person: _____

Phone #: _____ Fax: _____ E-Mail: _____

Desired Effective Date: _____ Limits: _____ Deductible: _____

Is applicant properly licensed where required by law? Yes No License #: _____

Number of active owners/officers/partners: _____ Number of Employees: _____ Years in business: _____

If applicant has been in business less than 3 years, please describe applicant's prior work experience in this industry:

Estimated Annual Payroll (excl. Owner): _____ Estimated Annual Gross Receipts: _____

Does the applicant utilize Sub Contractors? Yes No Estimated Sub Costs: _____

Do you operate from more than one location? Yes No If "YES" please list all locations below:

List percentage of operations under the following

Recycling Collection Centers	%	Landfill Operation	%	Hazardous Waste Collection	%
Material Recovery Facility	%	Transfer Station Operation	%	Medical Waste Collection (unsterilized/red bagged)	%
Other:	%	Other:	%	Other:	%

Describe any material changes in the applicant's operations during the past 5 years:

GENERAL QUESTIONS - SECTION 1

Has the applicant assumed liability under a lease agreement for real estate? Yes No

If YES, is there a written waiver of subrogation? Yes No

Are maintenance responsibilities delineated? Yes No

Any guard dogs on premises? Yes No

If YES, please provide details: _____

Is premises fully fenced? Yes No

Please provide the % of the building Sprinklered: _____ %

If Non-Sprinklered, What are the safety Precautions? _____

Date of the last fire inspection: _____

Does applicant own or operate a landfill or dump? Yes No

If YES, please provide details: _____

Does applicant use any process other than bailing, crushing, or shredding? Yes No

If YES, please provide details: _____

Does applicant have a smelting or foundry exposure? Yes No

If YES, please provide details: _____

Does applicant haul refuse or garbage for others? Yes No

If YES, please provide details: _____

Does applicant provide receptacles for collection of materials? Yes No

If YES, please provide details: _____

Does applicant have signs listing acceptable/unacceptable materials? Yes No

Please provide details: _____

Does applicant engage in any salvage operations? Yes No

If YES, please provide details: _____

Does applicant store any LPG, chemicals, or other flammable liquids on premises? Yes No

If YES, please provide details: _____

EPA approved site? Yes No

If YES, please provide details: _____

Are there any security/watchman on duty? Yes No

If YES, please indicate: # Employed: _____ # Subcontracted: _____

Armed: _____ # Unarmed: _____

Please provide details: _____

How does applicant dispose of acids, chemicals, or hazardous materials? _____

Is the public allowed on applicant's premises? Yes No

What is applicants visitor policy? _____

Does the applicant accept recyclables from the public? Yes No

If YES, what % of total recyclables is from the public? _____ %

How often does this occur? _____

Describe safety control: _____

of attendants to direct traffic: _____

Please describe, in detail, machinery and equipment maintenance program: _____

Does applicant manufacture and/or fabricate equipment or parts of accessories for sale, lease, rent or loan? Yes No

If YES, Please provide details: _____

% of business this represents: _____ %

What are the annual sales? _____

Please attach Brochures and any other applicable marketing materials

Does applicant warehouse goods of others? Yes No

If YES, what is the revenue? _____

Who is the Insurance Carrier? _____

Please attach a copy of the storage agreement

Please indicate the percentage of your work the Customers, listed below, provide to your operations (i.e. Utilities, Marine, Stevedoring, Oil Field/Refineries, Bridges, Construction, Industrial Plants, etc)

Utilities: _____ % Marine: _____ % Stevedoring: _____ %

Industrial Plants: _____ %	Oil field/Refineries: _____ %	Bridges: _____ %
Construction: _____ %	Manufactures: _____ %	Commercial: _____ %

Please describe the last five jobs performed by you:

Owner/Contractor	Type of Work Performed in detail
_____	_____
_____	_____
_____	_____
_____	_____

Does applicant engage in any other contracting work? Yes No

If YES, please describe: _____

Please provide revenue: _____

Does the applicant rent/lease equipment from others? Yes No

If YES, type of equipment: _____

What % of applicants work is: Subcontractor for other contractors? _____ % Direct with customers? _____ %

Does applicant ever use subcontractors? Yes No

If YES, please indicate: Type of Work: _____ Annual Sub Cost: _____

Type of Work: _____ Annual Sub Cost: _____

Type of Work: _____ Annual Sub Cost: _____

Type of Work: _____ Annual Sub Cost: _____

Are there any other Business Operations/Entities owned/operated or managed by Applicant? (i.e. restaurants, properties, mercantile) Yes No

If YES, please describe: _____

Who is the Insurance Carrier? _____

If the applicant is or hires transfer/owner operators, complete the following questions:

Does the owner operator haul exclusively for one company? Yes No

Is the owner operator paid by the number of hauls? Yes No

If NO, on what basis is the owner-operator paid? _____

Please indicate if the owner operator hauls: C&D Loose Garbage Baled Garbage Baled Recyclables

Storage Tank:

Does the applicant have any storage tanks or refueling facilities on premises? Yes No

If YES, what do the tanks contain? _____

Please Provide the number of Tanks: Above Ground: _____ Below Ground: _____

Tank Capacity: _____ Tank Capacity: _____

Year Installed: _____ Year Installed: _____

How are the tanks protected from vehicular collision? _____

How are waste oils, lubricants, waste chemicals and by-products and other hazardous compounds stored or disposed of? _____

Please provide additional details: _____

COLLECTION CENTER, TRANSFER STATION OR MATERIAL RECOVERY FACILITY - SECTION 2

Recycling Collection Center, Transfer Station or Material Recovery Facility: If the applicant owns or operates a recycling collection center, transfer station or material recovery facility please complete this section: N/A

Please enter the number of locations: _____

Is the facility used exclusively for the applicant's vehicle? Yes No

If NO, what % of total operations is accepted from other haulers? _____ %

Is the facility one level or multi-level? Yes No

Please indicate the days and hours of operation: Days: _____ Hours: _____

Does applicant use above or below (sunken) ground containers or bins? Yes No

Describe the maximum amount of storage material permitted: _____

Describe the maximum length of time permitted for material storage: _____

Describe training for identification of hazardous material: _____

SCRAP METAL RECYCLER - SECTION 3

Scrap Metal Recycler: If the applicant is a scrap metal recycler, please complete this section. N/A

Do you accept sealed units in your yard? Yes No

If YES, describe how this are processed: _____

Do you use radiation detection sensors in your yard? Yes No

If YES, what type of equipment is used (Hand Held or fixed)?: _____

DOCUMENT SHREDDING - SECTION 4

Document Shredding: If the applicant owns a document shredding facility or performs mobile documents shredding, please complete this section. N/A

Indicate the types of material shredded: Paper
 Media (disks, diskettes, auto & video tapes, microfilm, microfiche, CDs)
 Other:

Please provide the % shredded by type: Medical Records
 Financial Records
 Other Confidential Records
 Non-Confidential records

What percent of shredding is performed at the applicant's location? _____ %

What percent of customers deliver material to be shredded to the applicant's facility? _____ %

What percent of customers are on regular service (more than one time purge)? _____ %

What is the average number of customers serviced per day? _____

What percent of material are recycled only (with no pre-shredding)? _____ %

Does the applicant perform criminal background checks on all employees who perform shredding? Yes No

Does the applicant provide document storage? Yes No

What is the average monthly revenue? _____

What is the maximum liability stated on applicant's warehouse receipts? _____

(Please attach a copy of the warehouse receipts)

What is the average monthly revenue? _____

What is the applicant's DOT or MC number? _____

SOLID WASTE OPERATIONS - SECTION 5

Is waste transported directly to landfill? Yes No

If YES, is the landfill class III rated? Yes No

If NO, is waste transported directly to transfer station/incinerator? Yes No

Enter City and State where the landfill/transfer station/incinerators located: _____

Please provide the average mileage (one way) to the landfill/transfer station/incinerator: _____

Please provide the average # of trips per truck per day: _____

Please provide the number of miles per day that are: Residential Routes: _____ Commercial Routes: _____

Indicate the types of services provided by entering the percentage of total revenue generated by each Solid Waste:			
Aluminum	%	Asphalt Works	%
Paper/Newspaper	%	Industrial or Commercial Collection	%
Cardboard/Chipboard	%	Residential Collection	%
Plastics	%	Garbage Works (includes separation for recycling, reduction or incineration)	%
Glass	%	Mobile Document Shredding	%
Building Material Dealer	%	Tires	%
Scrap Metal Dealer	%	Batteries	%
Pulp Manufacturing	%	Hazardous Materials	%
Quarries	%	Other Solid Waste:	%

LIQUID WASTE OPERATIONS - SECTION 6

Liquid Waste: If the applicant operations include liquid waste, please complete this section. N/A

Please note: These operations may be ineligible for the program; however, alternative markets may be available

Please enter the round trip mileage for the: Average Route: _____ Longest Route: _____

Please provide the # of trips per truck per day: _____

What percentage of routes are: One Person: _____ % Two Person: _____ % More than 2 person: _____ %

Indicate the types of services provided by entering the percentage of total revenue generated by each Liquid Waste:			
Oil Collections	%	Septic Tank/Cesspool Installation	%
Portable Restrooms	%	Drainpipe Cleaning	%
Septic Tank/Cesspool Cleaning or Pumping	%	Grease Trap Cleaning	%
Septic Tank/Cesspool Inspection	%	Other Liquid Waste:	%

EMPLOYMENT TRAINING & PROCEDURES - SECTION 7

Are Operators: Union Non-Union

Have any Union member(s) been rejected? Yes No

How often does applicant refer to the union for new or temporary operators? _____

Is there a screening/reference process for new operators? Yes No

If Union shop, describe your screening procedures for any new or temporary employees: _____

If Non-Union, please describe the training program your Company provides for employees: _____

Is training given on an on-going or annual basis? Yes No

Is it documented? Yes No

Please describe training: _____

LOSS CONTROL AND MAINTENANCE PROCEDURES - SECTION 8

Do you have a formal loss control or safety program? Yes No
Has the Safety Program been accepted/approved by your WC Carrier? Yes No
What is your current Work Comp Ex Mod? _____
Is one employee responsible for safety programs? Yes No
If YES, Whom/Title?: _____
Do you have regular safety meetings with employees? Yes No
Is there a scheduled maintenance program? Yes No
Is all Maintenance Documented? Yes No
Do you use a written form for crane inspections? Yes No
Do you use a written accident report form? Yes No
Are drivers MVRs reviewed at hire and at least annually thereafter? Yes No
If NO, please explain: _____

Please describe any liability claims reported in the last five years: (Use additional sheet if needed):

Current/Prior General Liability Insurance Information:

Carrier: _____	Eff. Date: _____	Policy #: _____	Premium: _____
Carrier: _____	Eff. Date: _____	Policy #: _____	Premium: _____
Carrier: _____	Eff. Date: _____	Policy #: _____	Premium: _____
Carrier: _____	Eff. Date: _____	Policy #: _____	Premium: _____
Carrier: _____	Eff. Date: _____	Policy #: _____	Premium: _____

Note: Certain States have statutes concerning fraudulent claims and/or deliberate misrepresentations to induce an insurer to provide coverage. If you wish to know the ramifications of such acts in your State, please consult with your insurance agent.

Note: The proposed insurance company reserves the right to inspect your operations, while it has no duty to do so. Should an inspection be conducted that generates recommendations to an insured, failure to comply may result in the cancellation of the policy.

I hereby certify that the foregoing information supplied on this application, along with any supplemental information provided in connection thereto, is true and accurate to the best of my knowledge. I further understand that any policy issued to me was done so upon reliance of the representation herein. I further understand and agree that any intentional material misrepresentations could compromise the insurance protection hereby afforded.

_____ Printed Name of Applicant	_____ Title
_____ Signature of Applicant	_____ Date

Submission may be sent via e-mail or fax

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