

Description of Operations, Hiring, Employment & Safety Characteristics

Applicant Name _____ Proposed Effective Date _____
 FEIN _____ Company Website _____

Description of Operations

Misc. (Explain any gaps in coverage, cancellations, significant fluctuations in payroll, etc.)

Employee Breakdown (Top Classes by Payroll Excluding 8810/8742)

Class Code	# FT	# PT	# Seasonal	# Other	Union?	Avg. Wage Per Hour
					[] Yes [] No	
					[] Yes [] No	
					[] Yes [] No	
					[] Yes [] No	

Hiring Practices

Check Yes ONLY if Applicable to 75%+ of Labor

[] Yes [] No	Written Application
[] Yes [] No	Written Job Description
[] Yes [] No	Background/Reference Check
[] Yes [] No	Pre-Hire Drug Testing
[] Yes [] No	Pre-Hire Physical Fitness Test

Safety Practices

Check Yes ONLY if Applicable to 75%+ of Labor

[] Yes [] No	Formal Injury & Illness Prevent. Plan
[] Yes [] No	Formal Return to Work Plan
[] Yes [] No	Quarterly (or More) Safety Meetings
[] Yes [] No	Quarterly (or More) Safety Training
[] Yes [] No	Safety Incentive Plan

Management Practices, Loss Control, Claims Handling & Benefits

[] Yes [] No	Is the ownership active in the day-to-day operations of the company?
[] Yes [] No	Is there a full-time risk/safety manager employed whose job is 50%+ safety related?
[] Yes [] No	Is there a formal and random drug testing program for all employees?
[] Yes [] No	Is there a formal post-accident drug testing program for all workplace injuries?
[] Yes [] No	Upon termination are personnel files documented for any potential workplace injuries?
[] Yes [] No	Is there a formal accident investigation and claims reporting process?
[] Yes [] No	Do more than 50% of employees receive group health through you that is 50%+ employer paid?

Details / Descriptions / Notes

General Information				
Business Operation- % of work in each category (Total should equal 100%)				
<input type="checkbox"/> Residential Waste Hauling	<input type="checkbox"/> Commercial Waste Hauling	<input type="checkbox"/> Construction Waste		
<input type="checkbox"/> Hazardous Waste Hauling	<input type="checkbox"/> Medical Waste Hauling	<input type="checkbox"/> Landfill Operation		
<input type="checkbox"/> Transfer Station	<input type="checkbox"/> Recycling Center/Sorting	<input type="checkbox"/> Garbage Works (Incinerator)		
<input type="checkbox"/> Truck Repair/Maintenance	<input type="checkbox"/> Container Repair/Maintenance	<input type="checkbox"/> Other (describe below)		
Description of Operations:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are independent contractors used? (please explain in Description of Operations field above).			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Haul from transfer station to landfill?			
If yes provide the distance in miles (one way):				
<input type="checkbox"/> 0-25 miles <input type="checkbox"/> 25-50 mile <input type="checkbox"/> 50-100 miles <input type="checkbox"/> 100 > miles				
States in which the company operates (please list):				
Describe any necessary answers from above				
Recycling/Salvage Operations				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Work performed on barges, vessels, docks or over water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any wrecking, dismantling or demolition work off site?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the operation include automobile dismantling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a smelting or foundry exposure?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company accept truck/container loads from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company dismantle or recycle tanks?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is scrap material accepted from general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any treatment of medical waste?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is there a controlled drop off area for the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the company been cited by the federal or state EPA?	
Material Accepted (check all that apply)				
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Paper	<input type="checkbox"/> Tires	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Glass
<input type="checkbox"/> Lead Paint	<input type="checkbox"/> Batteries	<input type="checkbox"/> Electronics	<input type="checkbox"/> Steel/Iron	<input type="checkbox"/> Barium
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Transformers	<input type="checkbox"/> Antifreeze/Oil	<input type="checkbox"/> Titanium
Equipment Used (check all that apply)				
<input type="checkbox"/> Alligator Sheer	<input type="checkbox"/> Open Pits	<input type="checkbox"/> Can Densifier	<input type="checkbox"/> Plastics Perf.	<input type="checkbox"/> Tire Shredder
<input type="checkbox"/> Car Crusher	<input type="checkbox"/> Can Flattener	<input type="checkbox"/> Glass Crusher	<input type="checkbox"/> Forklift	<input type="checkbox"/> Paper Shredder
<input type="checkbox"/> Cable Stripper	<input type="checkbox"/> Baler	<input type="checkbox"/> Cutting Torch	<input type="checkbox"/> Incinerator	<input type="checkbox"/> Excavator/Crane
<input type="checkbox"/> Plastics Granulator	<input type="checkbox"/> Aluminum Shredder	<input type="checkbox"/> Front-End Loader	<input type="checkbox"/> Skid Steer Loader	<input type="checkbox"/> Magnetic Separator

Residential Haulers						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are standardized residential containers required?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are weight restrictions in place and enforced?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are separate manually-lifted bulk item pick-ups provided?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do trucks used for residential collection have back up alarms?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does any residential collection occur at night?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are separate manually-lifted bulk item pick-ups provided?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are riding steps used?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If riding steps are used are they self-cleaning and slip resistant?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If manual collection, is there a collection "team" on each truck?				
		%	What percentage of work is done by manual collection?			
		%	What percentage of residential collection is done in rural areas?			
Radius of Operation	%	Less than 35 miles	%	35 to 50 miles	%	Over 50 miles
Details / Descriptions / Notes (Please Also Note the Maximum Height & Depth Worked At)						

Signature & Affirmation	
<p>By signing this application the client is acknowledging that all information provided on all pages of this supplemental application are complete and accurate representations of work and processes as of the date this application is signed. Additionally, by requesting insurance products through our company you and the client agree to notify us immediately regarding any change in operations that would result in a change in any of the answers provided on this application. All information is subject to verification. Any insurance policy issued may be cancelled, subject to applicable local law, for misrepresentation if the information provided here is not accurate.</p>	
_____ Signature of Applicant	_____ Date Signed
_____ Signature of Agent	_____ Date Signed