RecycleGuard®

AmWINS PROGRAM UNDERWRITERS

Supplemental Application – Workers' Compensation

Name of Applicant:
Company Website:
Effective Date:
Expiration Date:
Any change to the Normal Anniversary Date?
FEIN (please include all):
If yes, please explain:
Is the applicant a member of ISRI? ☐ yes ☐ no
Has the applicant had any OSHA citations in the last five years? ☐ yes ☐ no
Is the applicant CAR Designated? ☐ yes ☐ no
Has the applicant had any EPA citations in the last five years? ☐ yes ☐ no
Is the applicant RIOS Designated? ☐ yes ☐ no
Has the applicant had any occupational disease (OD) claims in the last five years? ☐ yes ☐ no
Number of years employer has had Workers' Compensation insurance:

Policy Year	Premium & Carrier	Payroll by State and Class Code
Expiring Year		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		

Total FT EE:
Total PT EE:
Total Full Time Equivalents:
Hours of operation:
Number of authorized drivers:
Number of vehicles:
Number of W2 forms issued last year:
Average hourly wage in governing class: $_____
Is group (3+) transportation provided? ☐ yes ☐ no
Are there greater than 50 employees in any one location? ☐ yes ☐ no
If so, identify each location and provide total head count and payroll per location:
Does the applicant have any foreign Workers' Compensation exposure? ☐ yes ☐ no
If yes, please provide head count and number of days visited by country:

Financial:

For the most recent fiscal year-ended, please provide the following:
Net income:
Gross Revenue:
Total Assets:
Gross Revenue - Prior Year:
Total Equity:
Gross Revenue – Forecasted Current FY :
Has the applicant at any time files for Chapter 7 or Chapter 11 bankruptcy? (if so, please provide details) ☐ yes ☐ no

---

Premises:

Are interconnected smoke detectors in place? ☐ yes ☐ no
Is the building sprinklered? ☐ yes ☐ no
Are fire extinguishers present? ☐ yes ☐ no
Are there multiple means of egress? ☐ yes ☐ no
Do security cameras record daily operations? ☐ yes ☐ no
Is there a fire/emergency evacuation plan in place? ☐ yes ☐ no
Are emergency eyewash stations present? ☐ yes ☐ no
Are security cameras in use in work areas? ☐ yes ☐ no
Is emergency lighting in place? ☐ yes ☐ no
Is there adequate ventilation in work areas? ☐ yes ☐ no
Years at current location:
Age of building occupied:
Building is ☐ owned ☐ leased
Equipment condition: ☐ New ☐ Good ☐ Other_____
Number of stories:
Number of Occupied Buildings:

Benefits:

Are all employees eligible? ☐ yes ☐ no
If not, who is eligible?:
Is group health insurance provided? ☐ yes ☐ no
Percentage of total employees participating:
Name of healthcare provider:
Percentage paid by employer:
Is disability insurance provided? ☐ yes ☐ no
Is sick paid leave provided? ☐ yes ☐ no
Is paid vacation provided? ☐ yes ☐ no
Is a retirement/pension plan provided? ☐ yes ☐ no

Hiring practices:

Are written applications used? ☐ yes ☐ no
Do any employees work from home? ☐ yes ☐ no
Are reference checks performed? ☐ yes ☐ no
Are criminal background checks performed? ☐ yes ☐ no
Is MVR screening criteria in place? ☐ yes ☐ no
Are personnel files documented for pre-existing injuries? ☐ yes ☐ no
Are motor vehicle record checks performed? ☐ yes ☐ no
Is there a new hire orientation program? ☐ yes ☐ no

RecycleGuard®

Supplemental Application – Workers' Compensation

AmWINS PROGRAM UNDERWRITERS

Is any leased, volunteer, or temporary labor used? ☐ yes ☐ no
Is drug testing part of the hiring process? ☐ yes ☐ no
Is a drug/substance abuse program available? ☐ yes ☐ no
Is the labor force unionized? ☐ yes ☐ no
Number of employees under the age of 18 or over 60:
Full Time: Part Time:

Does orientation include a review of safety / Workers' Comp? ☐ yes ☐ no
Is orthopedic back screening provided? ☐ yes ☐ no
Is physician screening provided? ☐ yes ☐ no
Is any day labor or temp staffing used? ☐ yes ☐ no
What is the employee : supervisor ratio?:

Risk Management:

Is there a formal safety incentive program in place? ☐ yes ☐ no
Is RTW modified duty provided to all EE? ☐ yes ☐ no
Is a written safety program in place? ☐ yes ☐ no
Does the insured have a full time risk manager on staff? ☐ yes ☐ no
Are safety meetings or training provided? ☐ yes ☐ no
Is post-accident drug / substance abuse testing practiced? ☐ yes ☐ no
Are subcontractors/independent contractors used? ☐ yes ☐ no
Does the employer conduct annual MVR checks? ☐ yes ☐ no

Is a formal return to work (RTW) program in place? ☐ yes ☐ no
Does RTW includes full wages? ☐ yes ☐ no
Are owners active in daily operations? ☐ yes ☐ no
Is an IIPP in place and enforced? ☐ yes ☐ no
Are all workplace injuries investigated by a safety committee? ☐ yes ☐ no
Is all machinery guarded in compliance w/ OSHA standards? ☐ yes ☐ no
If so are certificates of Work Comp insurance obtained? ☐ yes ☐ no

Does the employer agree to participate in the Carrier's medical provider network? ☐ yes ☐ no

Operations:

Where do you source the scrap material which you process?

How is the scrap material which you process delivered to your facilities?

How is the scrap material sorted at your facility?

What tools and practices are used to screen scrap material for radioactivity and other hazardous waste?

Please give a brief description of how you process scrap material into your finished product:

How is your finished product shipped to your customer?

What types of scrap material does your operation process? Please check all that apply:

Ferrous Scrap Metals	Textiles	Liquid Materials
Non-ferrous Scrap Metals	Rubber	Household Garbage
Aluminum cans	Auto Parts	Rare Earth / Precious Metals
Plastic	Electronics	Hazardous waste
Paper	Construction Waste	Batteries
Glass	Tires	Other (please describe)

Average driving radius:
Are personal vehicles used for company business? ☐ yes ☐ no
Are any company vehicles taken home at night? ☐ yes ☐ no
Is there any out of state travel? ☐ yes ☐ no
Is any work done off-site? ☐ yes ☐ no If so, please describe the activities along with the frequency of the work and what tools/equipment may be used.

What type of equipment is owned and or operated? Please note the number of each that apply.

Cranes	Roll-off container trucks	Other shredder (please specify)
Front end loaders	Conveyor belts	Sweat furnace
Bulldozers	Automated sorting lines	Incinerator
Excavators	Manual sorting lines	Hydraulic shears
Dump trucks	Fork lifts	Mechanical shears
Pickup trucks	Bailers / compactors	Cutting torches (please specify)
Garbage trucks	Tow truck	
Semi-trailer trucks	Auto Shedders	

How often is equipment inspected? Number of vehicles used for delivery: Do employees ever ride outside of vehicles? ☐ yes ☐ no
Who inspects the equipment and what qualifications does this person have?

RecycleGuard®

AmWINS PROGRAM UNDERWRITERS

Supplemental Application – Workers' Compensation

If your operation includes the collection of roll off containers please describe this operation and the associated safety controls in place. Please include mention of loading/unloading and tie down:

Does your operation perform torch cutting or welding? ☐ yes ☐ no If so, please describe your safety protocols for this practice. Also note the safety controls in place for open flame cutting or welding near flammable materials:

Does your facility actively screen for the following materials?

- Anything containing PCB's (light ballasts, capacitors, transformers etc)
- Anything containing CFC's
- Potentially radioactive material
- Heavy metals
- Precious metals
- Airbags (sodium azide)
- Asbestos

Safety Training:

Has the applicant signed the ISRI Safety Pledge? yes ☐ no ☐

Are training programs in place for new and existing employees? yes ☐ no ☐ If yes, list all that apply:

- New Hire Orientation/ Safety Training
- Hazard Communication Training
- Lock-Out /Tag-Out Training
- Hazardous Substance Handling
- OSHA Blood borne pathogens safety (auto dismantlers)
- Proper Use of Personal Protective Equipment
- Strain Prevention / Proper Lifting Procedures
- Mobile Equipment Safety
- Forklift & heavy machinery operators are certified
- Emergency Evacuation
- Driver Safety Training
- Prompt compliance with loss control recommendations
- Other:

Frequency of Training:

PPE Provided and or required:

- Steel toe boots
- Gloves
- Protective eyewear
- Hearing protection
- Hardhat
- Welder's apron
- Welder's shield & helmet
- Lifting straps
- Safety belt / Back brace
- Respiratory equipment
- Other:

Ergonomics program:

Is ergonomically flexible furniture used? ☐ yes ☐ no

Are employees who perform repetitive motion duties rotated to different tasks throughout the course of the day? ☐ yes ☐ no

Is worksite analysis conducted to identify jobs and workstations that contribute to cumulative trauma problems? ☐ yes ☐ no

Are conveyors and sorting lines set at a such a height to as to avoid bending, stooping, straining? ☐ yes ☐ no

Large Loss History:

Has the insured had any losses greater than $25,000 in the past five years? ☐ yes ☐ no

If yes, please provide details below.

Claimant Name: Date of loss:

Position at time of loss: Open Closed Litigated

Paid: Indemnity: Medical: Expense:

Incurred: Indemnity: Medical: Expense:

Did the insured make any changes in operations as a result of this loss? ☐ yes ☐ no

Please explain:

Prepared by: _____ Title: _____ Date: _____

Signature: _____