

# RecycleGuard Supplemental Questionnaire – Property, GL, IM, Crime, Auto and Umbrella

**For auto dismantlers, paper, plastic, and rubber, please complete this in addition to the specific supplemental relative to your operations.**

**Named Insured Details (please include all companies listed on Acord Applications):**

Named Insured:			
Operations:			
Specific owner's name relative to this specific entity:		Percentage of ownership:	_____ %
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**(See additional page at end/Addendum if needed.)**

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Current ReMA Member?  Yes  No  
 Year company established: \_\_\_\_\_ Website: \_\_\_\_\_ Number of employees: \_\_\_\_\_  
 Check if applicable:  ISO certified  RIOS certified  R2 certified  e-steward

**Recycling operation details:**

Types of Recyclable Materials received **(please indicate percentages (total to be 100% based on total tonnage amount below)** for each that apply):

**Percentage of Ferrous Metal:** \_\_\_\_\_ % (Check all applicable):

Alloy Steel  Carbon Steel  Cast Iron  Wrought Iron  Other: \_\_\_\_\_

**Percentage of Non-Ferrous Metal:** \_\_\_\_\_ % (Check all applicable):

aluminum  copper  lead  nickel  tin  titanium  zinc  brass  cobalt  mercury  tungsten  
 beryllium  bismuth  cerium  cadmium  niobium  indium  gallium,  germanium  lithium  
 selenium  tantalum  tellurium  vanadium  zirconium  Other: \_\_\_\_\_

**Percentage of precious metals:** \_\_\_\_\_ % (Check all applicable):

gold  silver  platinum Other: \_\_\_\_\_

**Percentage of other types of materials:**

Glass \_\_\_\_\_ %      Yard Waste \_\_\_\_\_ %      Plastic \_\_\_\_\_ %      Paper \_\_\_\_\_ %  
Rubber \_\_\_\_\_ %      Concrete/Asphalt \_\_\_\_\_ %      Electronics \_\_\_\_\_ %  
Construction Materials \_\_\_\_\_ %      Other (please advise percentage and type): \_\_\_\_\_

Projected annual tonnage for materials above: \_\_\_\_\_

Projected yard payroll for recycling operations for above: \$ \_\_\_\_\_

Please provide a full description of how materials are obtained, handled, sorted, processed and/or distributed and who you ship your materials to:

If you operate a recycling collection center, is it used by other trash haulers?  Yes  No

Do you pick these items up as residential/curbside pickup?  Yes  No

If yes, what is the revenue from these operations? \$ \_\_\_\_\_

Do you provide bins, dumpsters, or trailers at sites?  Yes  No

How many bins, dumpsters or trailers do you have? \_\_\_\_\_

**Additional operations:**

Any other operations other than recycling your own materials?  Yes  No

Please describe in detail and provide safety controls if so:

Any off-site work beyond picking up containers?  Yes  No

Please describe in detail and provide safety controls if so:

Does your operation include working at a landfill?  Yes  No Do you operate your own landfill?  Yes  No

Do you transport or haul goods for others?  Yes  No

If yes, please provide:

Annual payroll associated with these operations: \$ \_\_\_\_\_

Annual revenues associated with these operations: \$ \_\_\_\_\_

Describe what is hauled, how often and the radius of operations:

Do you have any smelting operations?  Yes  No

Please describe the process as well as the controls to prevent bodily injury and/or property damage:

Do you have recycling of ammunition or brass shell operations?  Yes  No

Please describe the identification of live shells, as well as the process and controls to prevent bodily injury and/or property damage:

Do you have any end products sold as new or used (including e-recycling products)?  Yes  No **(If yes, please provide a copy of the bill of sale and warranty if applicable)**

Do you provide warranties for the products?  Yes  No

Describe these products, who sold to, and the end user:

Please provide the breakout of revenues from recycling and each of any other operations relative to questions above in this section:

**Subcontracted work:**

Is there any leased, volunteer, or temporary labor used?  Yes  No

If yes, please provide details of how often, how many employees, duties, qualifications, training details and any other pertinent information:

Please provide sub-costs for contracted labor: \$ \_\_\_\_\_

Do you have hired trucking to transport your goods?  Yes  No

If yes, please provide radius of operations, pre-screening process, and any other pertinent information:

Please provide sub-costs for hired transportation/trucking: \$ \_\_\_\_\_

Is a security service used?  Yes  No

If yes, do they carry weapons?  Yes  No      If yes, what type? \_\_\_\_\_

Please provide sub-costs for security service: \$ \_\_\_\_\_

Is there a fully executed contract in place for the subcontracted parties?  Yes  No

Does the contract include: "Hold harmless" verbiage?  Yes  No

Require you to be named you as an AI on their policy?  Yes  No

Require limits equal to or greater than you?  Yes  No

Do you obtain Certificates of Insurance to confirm AI and limit requirements?  Yes  No

**Please provide a copy of the contract(s) in place for any of the above subcontracted work.**

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**Screening and Hiring Practices for drivers, yard and/or other employees:**

**Please check all that are applicable:**

- Written applications used  Reference checks performed  Criminal background checks performed
- Written test for drivers  Road test  Physical  Drug/substance test  MVR screening criteria in place prior to hiring  CDL license required  New hire orientation program  New hire formal training program
- Orientation includes a review of safety  Drivers awarded for safety  Medical exams required for new drivers
- Equipment operators are tested prior to hiring  Training program for equipment operators
- All crane operators certified List program name/certification(s): \_\_\_\_\_

**Please provide:**

Driver age minimum: \_\_\_\_\_ Employee/supervisor ratio: \_\_\_\_\_

Annual average wage of your truck drivers: \$ \_\_\_\_\_ How are they paid (i.e., by mile, by load, by salary)? \_\_\_\_\_

Minimum number of years of experience required for: Drivers: \_\_\_\_\_ Yard employees: \_\_\_\_\_

Age requirement of your equipment operators: \_\_\_\_\_ Experience requirement of your equipment operators? \_\_\_\_\_

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**Daily operations:**

Number of working days per week: \_\_\_\_\_ Hours of operations: \_\_\_\_\_ Number of shifts per day: \_\_\_\_\_

Do you have a formal written safety program?  Yes  No Do you have a formal written maintenance program?  Yes  No

**(Please attach a copy of the program(s) and copies of the attendance logs for the past three meetings and indicate the topics discussed.)**

If ReMA member, are you a Member of The ReMA Circle of Safety Excellence™?  Yes  No

Do you reference the ReMA RISPs/Safety Resources Catalog for guidance with your safety program?  Yes  No

Who is responsible for conducting safety and training? \_\_\_\_\_

How often are safety meetings held? \_\_\_\_\_

Is there a documented business continuation plan?  Yes  No

Please describe **and/or provide a copy of the business continuation plan.** Please be sure to identify any reciprocal processing arrangements or redundancy of plants in the event of a loss available that would shorten down time:

**Please provide a current business interruption worksheet if requesting Business Interruption Coverage.**

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Do you have a contingency plan for flood, hail, wind and/or catastrophic weather to protect your vehicles and your equipment?

Yes  No

Please describe and/or **provide a copy of the contingency plan**:

### Premise, Property and Equipment:

Check all that apply related to the facility and safety precautions:

- Gated  Locked  Fenced  Lighted  Alarmed  Signage  Backup power available  
 Multiple means of egress  Security cameras record daily operations  Fire/emergency evacuation plan in place

Is your premise open to the public?  Yes  No If yes, how do your customers get onto the site?

Are people other than employees allowed near mobile equipment, forklifts, or machinery?  Yes  No

If so, how close? \_\_\_\_\_

Do you have a checklist and/or narrative for employees for the procedures keeping invitees safe on premise?  Yes  No

Please describe the controls in place for safety of peddlers, customers, vendors, contractors, visitors, and guests:

Is there smoking allowed on premises:  Yes  No If so, is there a designated area?  Yes  No

Is there cutting or torching operations on site?  Yes  No

If yes, please indicate where the cutting or torching take place, and what controls are in place to minimize uncontrolled fires:

Where and how are flammables, including any fuels, stored?

Do your fire prevention measures include **(check all applicable)**:

- Fire response plan with the local fire department  Fire extinguishers around premise and yard  Water bombs  Hoses  
 Thermal sensor guns  Fire training for employees  Encapsulator agent solution in water bladders

If any scheduled buildings have components over 20 years old, please indicate which components (check all that apply):

- Roofing  Plumbing  Heating  Electrical

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If any of the above are applicable, please advise as to how often they are inspected, who they are inspected by and what else is being done to keep them maintained and in acceptable condition:

How often is your yard and mobile equipment inspected? \_\_\_\_\_

Who inspects the equipment and what qualifications does this person have? \_\_\_\_\_

Who repairs the equipment and what is their experience? \_\_\_\_\_

Permanent employed security guards?  Yes  No

If yes, do they carry weapons?  Yes  No      If yes, what type? \_\_\_\_\_

Are guard dogs used on premises?  Yes  No

If yes, what type of dog and how are they controlled during operating hours? \_\_\_\_\_

### Pollution Exposure:

Are you currently named, or have you ever been named a potentially responsible party by the EPA?  Yes  No

If yes, please to either describe:

### Material Handling:

Is there permanently affixed equipment on the **property schedule**?  Yes  No

**The breakout of the value of equipment should be separate from building values on the Acord applications**

**Either on the Acord or below, please advise (for each piece of machinery) as to the following:**

Location number: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model/type: \_\_\_\_\_ Mfg. country: \_\_\_\_\_ Value:\$ \_\_\_\_\_

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Location number: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model/type: \_\_\_\_\_ Mfg. country: \_\_\_\_\_ Value:\$ \_\_\_\_\_

**(Continue above on separate paper if needed.)**

List any obsolete equipment from above:

Please check all that are applicable:

- General spare parts kept on hand  Critical spares kept on hand  Fire detection on machinery  
 Fire suppression on machinery    Lead time for replacement parts that are not stored on site: \_\_\_\_\_

If fire detection applies, please list what machinery has it installed:

Name/type of suppression system: \_\_\_\_\_

If fire suppression applies, please list what machinery has it installed:

Name/type of detection system: \_\_\_\_\_

If you have any shredders, do you have a fluff cleanout procedure in place?  Yes  No **(please attach a copy of the procedure)**

How frequently is fluff cleaned out: \_\_\_\_\_

Is there separation between fluff pile and the equipment and heat sources?  Yes  No

If so, what is the minimum distance? \_\_\_\_\_

What is the max height of the piles? \_\_\_\_\_ What is the max width of the piles? \_\_\_\_\_

Please provide details of housekeeping and fire watch procedures specific to the equipment: **(or attach a copy of the procedures)**

Is there any "home-made" equipment on the schedule?  Yes  No

If so, please advise as to what:

Is there collection of (check all that apply):

- Lead batteries  Lithium batteries  Lithium-Ion batteries  Electric vehicles  Oil  Antifreeze  Freon

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If yes, advise how handled (including if you are removing batteries), stored and outline safety and fire prevention procedures such as separation in buildings and fire suppression systems as well as any other preventative measures **(or attach a written copy of handling and safety procedures)**:

If collecting/handling Lithium or Lithium-Ion batteries, please provide storage details by types:

For outside storage:

What is the maximum height batteries are stored in feet? \_\_\_\_\_

How close to buildings are batteries stored? \_\_\_\_\_

How many square feet of yard is used for holding batteries? \_\_\_\_\_

Is there any concrete surrounding the storage area of batteries?  Yes  No

For inside storage:

What is the maximum storage height of batteries in feet? \_\_\_\_\_

How many square feet of floor is used for holding batteries? \_\_\_\_\_

### **Auto Fleet and Drivers:**

What is your ratio of drivers to power units? \_\_\_\_\_

If ratio not one driver to one unit, please explain why? \_\_\_\_\_

Do you have spare vehicles?  Yes  No If yes, how many? \_\_\_\_\_

How often are they utilized? \_\_\_\_\_

How is usage tracked? \_\_\_\_\_

What is the percentage of your driver turnover on an annual basis? \_\_\_\_\_

Are there regular safety meetings for all drivers?  Yes  No How often: \_\_\_\_\_

Do your auto safety measures include? **(check all applicable)**:

- All drivers have a minimum of 5 years of driving experience  Annual driver formal training
- Annual medical exams required for **all** drivers  Accident investigation procedures
- Mid-term driver additions are submitted to insurance agent and/or carrier  Disciplinary process for drivers of accidents
- Employee files maintained per DOT standards  Cell phone use policy  Warning indicator on truck if the bed is lifted
- Open bed trucks are tarped when hauling materials  Drivers trained in hazardous waste identification
- MVR records pulled periodically on all drivers How often: \_\_\_\_\_

What is done if an employed driver is not acceptable? \_\_\_\_\_

FMCSA SAFER Scores (<https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>) are monitored

**If there are any violations, please provide details and advise what the corrective action was for each of the violations and what is being done to mitigate re-occurrence on a separate piece of paper.**



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Telematics are installed in your vehicles. Please identify the type and describe the information it provides (i.e.: cameras, data collection for speed, hard breaking and other variances, etc.), how many/which units have the equipment, how the information is used and how frequently the information is retrieved:

Do your auto maintenance measures include **(check all applicable)**:

Drivers perform written pre-and post-trip inspections

Vehicle maintenance program Who services your fleet and what is their experience? \_\_\_\_\_

Vehicle maintenance files within DOT standards

How often are your vehicles serviced (i.e.: daily, monthly, as needed.)? \_\_\_\_\_

How often is your fleet inspected? \_\_\_\_\_

Who inspects the fleet and what qualifications does this person have? \_\_\_\_\_

Do you have private passenger vehicles on your auto schedule?  Yes  No

If so, please advise use and driver of each one:

**Please note that high performance vehicles are not within our program appetite.**

Large Loss History:

Has the insured had any losses greater than \$50,000 in the past five years?  Yes  No

**If yes, please provide details for any loss separately as well as what has been put in place to mitigate a reoccurrence on a separate page.**

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

**Addendum - Named Insured Details (please include all companies listed on Acord Applications):**

Named Insured:			
Operations:			
Specific owner's name relative to this specific entity:		Percentage of ownership:	_____ %
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