

Supplemental Questionnaire – Shredders

(This must be completed in addition to the General Supplemental any time there are shredders at any of your locations.)

Named Insured: _____

Please breakout the pieces of your shredding system below. Anything attached to the main shredder should be included. Please keep in mind that the breakout of the value of equipment should be separate from building values on the Acord application as it is valued and scheduled separately:

Location number	Year	Make	Model/type	Mfg. country	Value

(Continue above on separate paper if needed.)

Is your shredding system located inside or outside your building? _____

If your shredding system is located inside your building, is there a sprinkler system? Yes No

(If yes, please provide current copy of sprinkler testing report)

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? _____

Is there separation between fluff pile and your buildings? 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? _____

Is there separation between fluff pile and third-party property? 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 **(or attach a copy of the procedures):**

If fire detection system is attached to the system, name/type of system: _____

Year system was installed: _____

How often is it tested and who is it tested by: _____

If fire suppression system is attached to the system, name/type of system: _____

Year system was installed: _____

How often is it tested and who is it tested by: _____

Please provide details of the pre-screening process to control what is put into the shredding system to prevent foreign, combustible and/or explosive materials from entering the system **(or attach a copy of the procedures)**:

How often is the electrical system checked? _____ Who is it checked by? _____

Prepared by: _____ **Title:** _____ **Date:** _____

Applicant's Signature: _____

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