

RecycleGuard®

SUBMISSION CHECKLIST

- Completed Acord 125** (Insured signature required if bound)
- 5 years currently valued loss runs**
- Explanation of losses over \$10,000, if any** (including explanation of what has been done to prevent a reoccurrence)
- Complete drivers list** - If Private Passenger and/or DOC coverage is requested, please list all family members who will be driving the personal use vehicles
- MVR's** (if available)
- Complete Vehicle Identification Numbers** (VIN)
- Cost new on vehicle schedule**
- Federal Employer Identification Number** (FEIN)
- Workers' Compensation Experience Modification Worksheet** (if applicable)
- Supplemental Applications with Insured's signature:**
Go to the website: www.recycleguard.com, navigate to "Applications" on the right, and download the following PDF application(s):

[RecycleGuard Supplemental Questionnaire](#)
[Supplemental - Rubber](#)
[Supplemental - Auto Dismantlers](#)

- Expiring Premiums and/or Target Premiums** – by line of coverage
- Property Details** (for each building):
Year Built Total Area # Stories Construction Type Occupancy Renovations
(Dates and Details)

Thank you for your business.

Send completed applications to:

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| <p>Susan M. Diecidue Underwriting Manager RecycleGuard Insurance Program Toll Free: (888) 225-4725 Direct Phone: (603) 334-3019 Fax: (603) 334-3090 Email: susan.diecidue@amwins.com</p> |
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