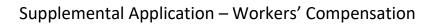
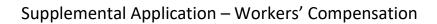
## AmeriComp Recycling





Name of Applicant:		Company Website:						
Effective Date:		Expiration Date:						
Any change to the Norr	mal Anniversary Date?	FEIN (please include all):						
Has the applicant had a	any OSHA citations in the last five years? $lacksquare$							
Has the applicant had a	any EPA citations in the last five years? $\Box$	Yes □ No						
Has the applicant had a	any occupational disease (OD) claims in the	e last five years?  Yes No						
Is the applicant a memi	ber of ReMA? ☐ Yes ☐ No							
Is the applicant CAR Designated?  Yes No								
Is the applicant RIOS Designated?  Yes No								
Policy Year	Premium & Carrier	Payroll by State and Class Code						
Expiring Year								
1 <sup>st</sup> Prior Year								
2 <sup>nd</sup> Prior Year								
3 <sup>rd</sup> Prior Year 4 <sup>th</sup> Prior Year								
4 PHOLITER	I							
Total FT EE:	Total FT EE: Total PT EE: Total Full Time Equivalents: Hours of operation:							
	drivers:	Number of vehicles:						
	ssued last year:	Average hourly wage in governing class: \$						
	ation 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.							
	k from home? ☐ Yes ☐ No	,						
	e any foreign Workers' Compensation exp	nosure? $\square$ Yes $\square$ No						
		country:						
		,,,						
Financial:								
	cal year-ended, please provide the followi							
		Gross Revenue: Gross Revenue - Prior Year:						
Total Equity:		Gross Revenue – Forecasted Current FY :						
		ankruptcy? (If so, please provide details)						
Thus the applicant at any time filed for enables 7 or enables 11 bankruptcy: (ii 30, please provide details) — Tes — 140								
Premises:								
	oke detectors in place?  Yes  No	Is the building sprinklered?  Yes No						
Are fire extinguishers p		Are there multiple means of egress?  Yes  No						
· ·	cord daily operations? 🗌 Yes 🔲 No	Is there a fire/emergency evacuation plan in place? $\square$ Yes $\square$ No						
Are emergency eyewas	sh stations present?   Yes   No	Are security cameras in use in work areas? 🔲 Yes 🔲 No						
Is emergency lighting in	n place? 🗌 Yes 🔲 No	Is there adequate ventilation in work areas? $\square$ Yes $\square$ No						
Years at current location	on:	Age of building occupied:						
Building is $\square$ owned	☐ leased	Equipment condition: New Good Other:						
Number of stories:		Number of Occupied Buildings:						
Danafita:								
Benefits:	blo2	If not who is alicible?						
Are all employees eligible?  Yes No		If not, who is eligible?						
• .	ce provided?  Yes  No	Percentage of total employees participating:						
Name of healthcare pro		Percentage paid by employer:						
	provided?  Yes  No	Is sick paid leave provided? Yes No						
Is paid vacation provided?		Is a retirement/pension plan provided?   Yes   No						

## AmeriComp Recycling





Hiring practices:							
Are written applications used? ☐ Yes ☐ No	Do any employees work from home? $\square$ Yes $\square$ No						
Are reference checks performed? $\square$ Yes $\square$ No	Are criminal background checks performed? $\square$ Yes $\square$ No						
Is MVR screening criteria in place? $\square$ Yes $\square$ No	Are personnel files documented for pre-existing injuries? $\square$ Yes $\square$ No						
Are motor vehicle record checks performed? $\square$ Yes $\square$ No	Is there a new hire orientation program? $\ \square$ Yes $\ \square$ No						
Is any leased, volunteer, or temporary labor used? $\square$ Yes $\square$ No	Does orientation include a review of safety / Workers' Comp? $\ \square$ Yes $\ \square$ No						
Is drug testing part of the hiring process? $\square$ Yes $\square$ No	Is orthopedic back screening provided? $\square$ Yes $\square$ No						
Is a drug/substance abuse program available?   Yes   No	Is physician screening provided?						
Is the labor force unionized? $\square$ Yes $\square$ No	Is any day labor or temp staffing used? $\square$ Yes $\square$ No						
Number of employees under the age of 18 or over 60: Full Time: Part Time:	What is the employee : supervisor ratio?						
Risk Management:							
Is there a safety incentive program in place? $\square$ Yes $\square$ No	Is a light duty return to work (RTW) program in place? $\square$ Yes $\square$ No						
Is RTW modified duty provided to all EE?	Does RTW includes full wages? ☐ Yes ☐ No						
Is a written safety program in place? $\square$ Yes $\square$ No	Are owners active in daily operations? ☐ Yes ☐ No Is an IIPP in place and enforced? ☐ Yes ☐ No						
Does the insured have a full-time risk manager on staff? $\ \square$ Yes $\ \square$ No							
Are safety meetings or training provided? $\square$ Yes $\square$ No							
Are all workplace injuries investigated by a safety committee?							
Is post-accident drug / substance abuse testing practiced? $\ \square$ Yes $\ \square$ No							
Is all machinery guarded in compliance w/ OSHA standards? $\square$ Yes $\square$ No							
Are subcontractors/independent contractors used? $\square$ Yes $\square$ No	If so, are certificates of Work Comp insurance obtained? $\square$ Yes $\square$ No						
Does employer agree to participate in the Carrier's medical provider network	k? 🗆 Yes 🗆 No						
Operations:							
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.							
How often is your equipment inspected?							
Who inspects the equipment and what qualifications does this person have	· · · · · · · · · · · · · · · · · · ·						
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:							

## AmeriComp Recycling



## Supplemental Application – Workers' Compensation

Does your facility actively screen for the following materials?						
Anything containing PCB's (light ballasts, capacitors, transformers etc.)	Potentially radioactive m	naterial	☐ Airbags (sodium azide)			
Anything containing CFC's	☐ Heavy metals		Asbestos			
	☐ Precious metals					
Safety Training:						
Has the applicant signed the ReMA Safety Pledge? $\Box$	☐ Yes ☐ No					
Are training programs in place for new and existing $\boldsymbol{\varepsilon}$ If yes, list all that apply:	employees?  Yes  No					
☐ New Hire Orientation/ Safety Training		☐ Mobile Equipment Safe	ty			
☐ Hazard Communication Training		☐ Forklift & heavy machin	ery operators are certified			
☐ Lock-Out /Tag-Out Training		☐ Emergency Evacuation				
☐ Hazardous Substance Handling		☐ Driver Safety Training				
$\square$ OSHA Blood borne pathogens safety (auto disma	antlers)	☐ Prompt compliance wit	h loss control recommendations			
☐ Proper Use of Personal Protective Equipment		☐ Other:				
☐ Strain Prevention / Proper Lifting Procedures						
Frequency of Training:						
PPE Provided and/or required:						
☐ Steel toe boots	☐ Hardhat		☐ Safety belt / Back brace			
Gloves	☐ Welder's apron		Respiratory equipment			
☐ Protective eyewear	☐ Welder's shield & helme	t	☐ Other:			
☐ Hearing protection	☐ Lifting straps	☐ Lifting straps				
Ergonomics program:						
Is ergonomically flexible furniture used?  Yes	l no					
Are employees who perform repetitive motion dutie		ughout the course of the da	ay? 🗌 Yes 🔲 No			
Is worksite analysis conducted to identify jobs and w						
Are conveyors and sorting lines set at a such a heigh						
Laura Laur Wittern						
Large Loss History: Has the insured had any losses greater than \$25,000	) in the past five years? \( \subseteq \text{Ves} \)	П No				
If yes, please provide details below.		□ 140				
Claimant Name:		Date of loss:				
Position at time of loss:		☐ Open ☐ C	losed   Litigated			
Paid: Indem	nity: I	Medical:	Expense:			
Incurred: Inde			Expense:			
Did the insured make any changes in o		?  Yes  No				
Prepared by:	Title:	Date: _				
Signature:						