

SOLID WASTE PROGRAM APPLICATION

INSTRUCTIONS:	
<ul style="list-style-type: none"> Please print or type clearly. 	<ul style="list-style-type: none"> Answer all questions completely. If any question(s) does not apply, print or type "N/A" in the space provided
<ul style="list-style-type: none"> This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the Named Insured. 	<ul style="list-style-type: none"> If additional space is needed to answer any question, attach details on a separate sheet and reference the applicable question number.
PLEASE ATTACH TO THIS APPLICATION:	
<ul style="list-style-type: none"> 5 years of currently valued auto Liability and Physical Damage loss runs 	<ul style="list-style-type: none"> Motor vehicle records for all drivers of owned or scheduled vehicles & regular drivers of hired and/or non-owned vehicles.
<ul style="list-style-type: none"> Schedule of vehicles and drivers list; Excel spreadsheet preferred 	<ul style="list-style-type: none"> Audited financials and/or 10-Ks for the past two (2) fiscal years.
<ul style="list-style-type: none"> ACORD Auto Liability Application 	<ul style="list-style-type: none"> List of Subsidiaries or other related entities also requesting coverage.

1. APPLICANT INFORMATION		
Applicant Name:		
Mailing Address:		
City:	State:	Zip Code:
Name of Contact:		Title:
Telephone:		E-Mail:
Fax:		Website:
FEIN:	MC Docket #:	DOT #:
Date your business was established:		
Firm Type: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other:		

2. Producer Information		
Producer:		
Address:		
City:	State:	Zip Code:
Contact:		Title:
Telephone:		Fax:
Email:		Website:
Agency License Number:		License State:

3. Revenue, Payroll, and Auto Exposure History				
	Current Yr:	1 st Prior Yr:	2 nd Prior Yr:	3 rd Prior Yr:
Gross Revenues:				
Payroll:				
No. of Power Units:				
No. of Trailers:				

4. OPERATIONS				
Description of Operations:				
Type of Collection: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Construction				
List Number of Vehicles by Type:		Front End Loaders:	Rear Loaders:	Side Loaders:
Roll-Offs:	Recycle Vehicles:	Box Vans:	Light & Medium Duty Trucks:	
List Number of Tractors & Semi Trailers:	Tractors:		Box Trailers:	End Dump:
Walking Floor Trailers:	Roll-Off Trailers:		Flat Bed Trailers:	
Radius Breakdown: (Must Equal 100%)				
0-50 miles:	51-200 miles:	+200 mile		
Do your operations include hauling waste from transfer station to landfill? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you own/operate any of the following? <input type="checkbox"/> Incinerator <input type="checkbox"/> Landfill <input type="checkbox"/> Material Recovery Facility <input type="checkbox"/> Transfer Station <input type="checkbox"/> Recycling				
Do you perform any other Contracting Operations or Professional Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe, and provide the revenue amount associated with each.				
Do you utilize subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain Sub-Contracted Operations:				
When working with subcontractors, do you: <input type="checkbox"/> N/A				
Obtain certificates of insurance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow subcontractors to work without providing you with a certificate of insurance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Require to be named as an Additional Insured on the subcontractors' policies?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obtain Waivers of Subrogation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obtain Hold Harmless Agreements?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verify all hired subcontractors carry workers compensation coverage?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Driver Hiring		
Number of Drivers:	Number of drivers <25 years of age:	Number of drivers > 65 years of age:
Number of new drivers hired in last 12 months:		Minimum years of driving experience for new hires:
Minimum number of years with CDL:		
Are selection and qualification standards for drivers in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are MVRs checked on all drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often? Please describe		

Describe who reviews and approves MVRs:	
When reviewing MVRs, what is the number of allowable violations/citations in the prior 3 years?	
When reviewing MVRs, what is the number of allowable accidents in the prior 3 years?	
When reviewing MVRs, what is the <i>combined</i> number of allowable violations/citations or accidents in the prior 3 years?	
Do you follow the minimum Federal standards for CDL drivers?	
What are types of offenses which will result in an automatic driver disqualification?	
Is there a written driver training program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide a copy and include any defensive driving policy.	
Who administers driver hiring & new driver training? (name & position):	
New driver orientation consists of the following training: (please select) <input type="checkbox"/> Classroom training <input type="checkbox"/> Ride along with management <input type="checkbox"/> Equipment familiarization <input type="checkbox"/> Review of safety policies <input type="checkbox"/> Ride along with experienced driver <input type="checkbox"/> Handling commodities <input type="checkbox"/> Review of company rules <input type="checkbox"/> Accident reporting <input type="checkbox"/> Other:	
Is there a written distracted driver policy, including cell phone and other mobile device use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a copy.	

6. Safety		
Do you have a written safety policy? If yes, please provide a copy of the table of contents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a dedicated safety director employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is responsible for safety at the company? (name & position):		
How often are safety meetings?		
Are safety meetings mandatory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have safety award/incentive program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written disciplinary policy? If yes, please provide a copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees able to take company vehicles home at night and/or utilize them for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an accident investigation process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an accident kit in each vehicle? If so, please describe it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you maintain an accident register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct periodic accident analysis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify % of vehicles equipped with the following below:		
Visible & audible hoist alarms		Spill Kits
		Back up alarms

Fender spot monitoring		Fire extinguishers		Back up cameras	
Automated event recorders		Battery Disconnect		GPS Tracking	
Do you utilize telematic software for your fleet?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a Hazmat/Spill response plan? If so, please provide a copy.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

7. Maintenance		
Do you have a written maintenance program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have in house mechanics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a maintenance manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often are Pre/Post Trip inspections conducted?		
How often are brakes inspected?		
How long are maintenance records retained?		
What is your vehicle replacement policy?		
If you do not have a facility on-site, please describe your maintenance program:		

8. Additional Owned Businesses and Locations	
Please list any additional owned businesses and description of operations	
1. Name:	Descrip of Ops:
2. Name:	Descrip of Ops:
3. Name:	Descrip of Ops:
4. Name:	Descrip of Ops:
5. Name:	Descrip of Ops:
If more space is needed, please provide separate list	
Please list any additional owned/leased locations and description of operations	
1. Location:	Descrip of Ops:
2. Location:	Descrip of Ops:
3. Location:	Descrip of Ops:
4. Location:	Descrip of Ops:
5. Location:	Descrip of Ops:
If more space is needed, please provide separate list	

9. General Liability Section		
Is the owned property completely fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are security cameras or after-hours security in-place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an active railroad sidetrack/spur on premises or adjacent to premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are visitors to operations areas provided safety training, PPE and employee escort?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are pedestrian walkways and customer drop-off points clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are operational areas secured by physical means to prevent unauthorized entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any reported injuries to third-parties on your premises in the last five years? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you work on miscellaneous equipment that is not owned by the entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lease property or mobile equipment to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you sell any product(s) either wholesale or resale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been named as a Potential Responsible Party (PRP) or otherwise been cited for illegal or unlawful dumping of waste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Business Practices		
Do you ever perform Contracting Operations within 50' of a railroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your firm have any aircraft, watercraft or drone exposures? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your firm have written quality control procedures for any materials that are recycled and/or held for sale? If yes, please include table of contents with this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your firm have an in-house continuing education program? If yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Claims		
Have any claims been made within the past 5 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, Commercial Auto, or Workers Compensation policies? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested? If yes, please provide details (use additional paper if necessary)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any staff member, employee, officer and/or company been the subject of disciplinary action, legal proceeding and/or charged with a felony or crime relating to your operations? If yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Compliance History & Future Plans			
During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services for your own operations? If yes, please provide:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Firm:		Contact:	
Phone:		Email:	

13. Notice to Applicant	
The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of the s form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by the reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation and that any protocol or policy furnished in conjunction with this application is current and enforced.	
Applicant Signature	
Printed Name	
Title	
Date	
Agent/Broker Firm	
Broker Address	

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING. Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materials thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and denial of insurance benefits.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD WARNING

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.