



InNAVation for Recyclers General Underwriting Supplemental Application

Named Insured:
List all industry associations to which you belong:

Type(s) of recyclable material collected (check all that apply):

- | | |
|-------------|--------------|
| Automobiles | Aluminum |
| Metal | Used Oil |
| Electronics | Other: _____ |

What percentage of recyclable material is stored:

Inside: _____ Outside: _____

Do you have any other operations? _____

Do you engage in any wrecking, dismantling or demolition work? Yes No

Do you have a recycling collection center on premises? Yes No

Is it in a separate area from the production yard? Yes No

Is it used by other recyclers? Yes No

Is the yard open to the public? Yes No

Are customers in the yard accompanied at all times? Yes No

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

Approximate number and total insurable value: _____

Do you sell any refurbished materials or parts? Yes No

Is there a formal written safety program in place? Yes No

Is there a formal written accident investigation in place? Yes No

What type of radiation equipment is used: Hand Held Mounted

Are incoming and outgoing shipments screened for radiation? Yes No

What percentage of revenue is generated from the processing any of the following materials(check all that apply):

Titanium	Magnesium	Barium
----------	-----------	--------

Do you process any other high temperature alloys? Yes No

Describe:

Is there a procedure in place if radioactive material is found? Yes No

Describe: _____

Do you follow EPA requirements? Yes No

Have you ever been cited by the EPA or State Environmental Agency? Yes No

Describe how battery, oil, Freon, antifreeze and tire collection handled?

Is there a formal program in place to respond to a hazardous substance leak?

Yes No

Do you have a separate pollution policy in place? Yes No

Carrier name, effective date and limits of insurance: _____

Are there any torching or welding operations? Yes No

Is it in a designated area? Yes No

Any smelting or incineration operations? Yes No

Do you sell used or refurbished tires? Yes No

Do you perform any service or installation? Yes No

Are facilities: Fenced Gated Locked Fully lighted at night

Is there a central station burglar and fire alarm on premises? Yes No

What type of fire suppression system is in place? _____

Are there guard dogs or other animals on premises? Yes No

What type and how are they contained during business hours?

Do you have security guards on staff or use a security service? Yes No

Are they armed? Yes No

Is there a formal equipment maintenance and inspection program in place? Yes No

Describe: _____

Auto

What is your radius of operations? Please indicate % below:
< 50 Miles _____ 51-200 miles _____ >200 miles _____

Do you haul goods of others for hire? Yes No

Are any motor carrier filings needed? Yes No

Is there a formal driver selection in place? Yes No

Describe:

Is there an MVR ordering program for new and existing drivers? Yes No

Describe:

Are MVRS once obtained compared to written acceptability standards? Yes No

Is there a new driver orientation and safety training program in place? Yes No

Is random and post accident drug testing performed? Yes No

Is there a formal vehicle maintenance and inspection program in place? Yes No

Describe:

How are vehicles protected when not in use?

How are cargo and loose materials secured while in transit?

Do you comply with all DOT and state specific safety standards? Yes No

Are employees or their family members allowed personal use of company vehicles?
Yes No