



Supplemental WC Application – Waste Hauler

Instructions:

- Please type or print clearly in ink. All sections must be completed fully.
- If you need more space, attach additional sheets as needed
- Please provide MVR on all Drivers

1. APPLICANT OVERVIEW

Firm Name: _____
(If the insured has a DBA please list)

Does Common ownership (over 50%) exist with any other operation? Yes No

If "yes", give names and types of operations managed and owned:

List the Applicants State of Operation: _____

Date business established: _____ Number of years under current ownership: _____

Website URL is: www. _____

- a) Are medical/health insurance benefits provided to employees? Yes No
- b) Current number of: Permanent Employees _____ Full Time Employees _____ Part Time Employees _____
- c) Indicate annual turnover rate: _____%
- d) What is the average wage for employees in the governing class? \$ _____ Yes No
- e) Does the Applicant Haul Hazardous Materials/Waste? If Yes, describe: _____ Yes No
- f) What is the Radius of Operation? _____ Miles
- g) Is the Applicant a Union Operation? Yes No
- h) Are Vehicles equipped with Back Alarms? Yes No
- i) Are regular Vehicle Inspections conducted & documented? Yes No
- j) Are any drivers under the Age of 25? Yes No

Business Operations (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Residential Waste Hauling | <input type="checkbox"/> Commercial Waste Hauling | <input type="checkbox"/> Construction Waste Hauling |
| <input type="checkbox"/> Hazardous Waste Hauling | <input type="checkbox"/> Medical Waste Hauling | <input type="checkbox"/> Landfill Operation |
| <input type="checkbox"/> Recycling Center | | |

Please indicate where your employees perform their work:

- | | | |
|---|--|---|
| <input type="checkbox"/> Residential _____% | <input type="checkbox"/> Commercial _____% | <input type="checkbox"/> Construction _____% |
| <input type="checkbox"/> Hazardous _____% | <input type="checkbox"/> Medical _____% | <input type="checkbox"/> Corporate offices _____% |

Please specify if other:

2. RESIDENTIAL HAULERS:

- a) What percentage of the collection is by manual methods (employees lift barrels)? _____%
If manual collection, is there a collection Team on each truck? Yes No
- b) Are Standard Residential Containers Required? Yes No
- c) Are weight restrictions in place & enforced? Yes No
- d) Radius of Operation: Less Than 35 miles _____% 36 to 50 miles _____% Over 50 miles _____%
- e) Are Riding Steps Used? Yes No If Yes, are they self cleaning & slip resistant? Yes No
- f) Does the applicant provide separate manually lifted bulk item pick-ups? Yes No
- g) Home Many Collectors _____
- h) How Many Trucks _____
- i) Total Non Clerical Employees _____

3. COMMERCIAL HAULERS:

- a) What percentage is roll-off or front end pick up compared to manual collections:
< 70% automated _____ 70 to 90% automated _____ >90% _____
- b) Radius of Operation: Less than 50 miles _____% 50 to 100 miles _____% Over 100 miles _____%
- c) Do Drivers tie-off tarps manually? Yes No
- d) Does the applicant require the dumpsters to be in a accessible location? Yes No
- e) Does any of the collection occur at night? Yes No
- f) Does the applicant provide separate manually lifted bulk item pick-ups? Yes No
- g) Home Many Collectors _____
- h) How Many Trucks _____
- i) Total Non Clerical Employees _____

4. RISK MANAGEMENT AND SAFETY PROGRAMS

- a) Are independent contractors required to carry their own workers' compensation insurance? Yes No
- b) Are copies of the insurance certificates obtained annually and kept on file? Yes No
- d) Do all employees have at least three years minimum over the road experience? Yes No
- e) What is the average radius that employees drive during the work day? _____ miles
- f) Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job? Yes No
- g) Is a formal safety program in place? Yes No
- h) If a formal safety program is in effect, please indicate applicable elements:
 Driver Safety Programs Accident/Injury Investigation New Employee Orientation
 Safety Committee Material Handling/Back Injury Prevention Blood Borne Pathogen
 Safety Incentive Program Performance Evaluations include safety Personal Protective Gear Provided
 Regular Formal Safety Training Conducted
 Management involvement in safety (describe below if checked)

Hiring Practices:

Check the following boxes to indicate screening measures that are applied to prospective employees (note: some are post offer)

- Reference Check Validate Work History Personal Interviews
- Drug Testing/Screening Criminal Background Check Verification of Certifications/Licenses
- Post-Offer Physicals Child Abuse Clearance Psychological Testing

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Claims Management:

- a) Is there a designated person to manage workers' compensation claims? Yes No
- b) Is there a formal Return to Work/Modified Duty Program in place? Yes No
- c) Have detailed light duty job descriptions been developed? Yes No
- d) Has a relationship been established with a preferred medical provider Yes No

3. INSURANCE INFORMATION

- a) Has the applicant had continuous WC coverage for the past 2 years? Yes No
- b) Has the applicant's WC insurance been cancelled for nonpayment within the last 3 years? Yes No
- c) Has the applicant's WC been cancelled for Underwriting Reasons, other than carrier appetite change? Yes No
- d) Is the applicant's current WC insurance provided through an Assigned Risk Plan? Yes No
- e) Does the applicant supply any workers to other employers on a temporary or permanent basis? Yes No
- f) Are all the applicant's operations (exclusive of monopolistic states) being submitted? Yes No

This information is accurate and complete to the best of my knowledge and represents the operations and exposures of the above noted applicant.

Applicant Name (printed): _____ Signature: _____

PMC Insurance Group
50 Cabot Street
Needham, MA 02492
(781) 449-7744