

Waste Hauler Supplemental Application Workers' Compensation

I. 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", provide names and types of operations managed and owned: _____

List the applicant's state of operation: _____

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

Website URL: www. _____

Are medical/health insurance benefits provided to employees? Yes No

Current Number of Employees: Permanent: _____ Full Time: _____ Part Time: _____

Indicate annual turnover rate: _____ %

What is the average wage for employees in the governing class? \$: _____

Does the applicant haul hazardous waste/materials? Yes No

If "Yes", please describe: _____

What is the radius of operation? _____ miles

Is the applicant a union operation? Yes No

Are vehicles equipped with black alarms? Yes No

Are regular vehicle inspections conducted and documented? Yes No

Are there any drivers under age 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 | | |

II. RESIDENTIAL HAULERS:

What percentage of the collection is by manual methods (employee lift barrels)?: _____ %

If manual collection, is there a collection team on each truck? Yes No

Are standard residential containers required? Yes No

Are weight restrictions in place & enforced? Yes No

Radius of operation: < 35 miles: _____ % 36-50 miles: _____ % > 50 miles: _____ %

Are ride stops being used? Yes No
If "Yes", are they self-cleaning and slip resistant? Yes No

Does the applicant provide separate manually lifted bulk item pick ups? Yes No

How many collectors? _____
How many trucks? _____
Total non-clerical employees: _____

III. COMMERCIAL HAULERS:

What percentage is roll-off or front-end pick up compared to manual collections?
 < 70% automated 70%-90% automated >90% automated

Radius of operation: < 50 miles _____ % 50-100 miles _____ % > 100 miles _____ %

Do drivers tie-off tarps manually? Yes No

Does the applicant require the dumpsters to be in a accessible location? Yes No

Does any of the collection occur at night? Yes No

Does the applicant provide separate manually lifted bulk item pick-ups? Yes No

How many collectors? _____
How many trucks? _____
Total non-clerical employees: _____

IV. RISK MANAGEMENT AND SAFETY PROGRAMS:

Are independent contractors required to carry their own workers' compensation insurance? Yes No

Are copies of the insurance certificates obtained annually and kept on file? Yes No

Do all employees have at least three years minimum over the road experience? Yes No

What is the average radius that employees drive during the work day? _____ miles

Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job? Yes No

Is a formal safety program in place? Yes No

If "Yes", please specify applicable elements:

- | | | |
|---|---|---|
| <input type="checkbox"/> Driver Safety Program | <input type="checkbox"/> Accident/Injury Investigation | <input type="checkbox"/> New Employee Orientation |
| <input type="checkbox"/> Safety Committee | <input type="checkbox"/> Patient Handling/Transfer Training | <input type="checkbox"/> Blood Borne Pathogen |
| <input type="checkbox"/> Safety Incentive Program | <input type="checkbox"/> Performance Evaluations Include Safety | <input type="checkbox"/> Combative Patient Training |
| <input type="checkbox"/> Regular Formal Safety Training Conducted | <input type="checkbox"/> Management involvement in safety (if checked, describe): | |

Hiring Practices

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Reference Check | <input type="checkbox"/> Validate Work History | <input type="checkbox"/> Personal Interviews |
| <input type="checkbox"/> Drug Testing/Screening | <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Verification of Certifications/Licenses |
| <input type="checkbox"/> Post-Offer Physicals | <input type="checkbox"/> Child Abuse Clearance | <input type="checkbox"/> Psychological Testing |

Claims Management:

Is there a designated person to manage workers' compensation claims? Yes No

Is there a formal Return to Work/Modified Duty Program in place? Yes No

Have detailed light duty job descriptions been developed? Yes No

Has a relationship been established with a preferred medical provider Yes No

V. INSURANCE INFORMATION:

Has the applicant had continuous WC coverage for the past 2 years? Yes No

Has the applicant's WC insurance been cancelled for nonpayment within the last 3 years? Yes No

Has the applicant's WC been cancelled for Underwriting Reasons, other than carrier appetite change? Yes No

Is the applicant's current WC insurance provided through an Assigned Risk Plan? Yes No

Does the applicant supply any workers to other employers on a temporary or permanent basis? Yes No

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

Name of Agent (please type or print)

Signature

Date

Name of Person Signing for Insured (please type or print)

Signature

Date