



All Risks WC Specialties  
**Waste Hauler**  
**Supplemental Application**

Insured Name: \_\_\_\_\_

Insured Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Payroll/Premium Information:**

<u>Policy Year</u>	<u>Payroll</u>	<u>Premium</u>
4th Prior	\$	\$
3rd Prior	\$	\$
2nd Prior	\$	\$
1st Prior	\$	\$
Current	\$	\$

**Business Operations:**

1. What is the radius of operation? \_\_\_\_\_Miles
2. Is the applicant a union operation?  Yes  No
3. Are vehicles equipped with back alarms?  Yes  No
4. Are regular vehicle inspections conducted and documented?  Yes  No
5. Are any drivers under the age of 21?  Yes  No
6. Are there any independent contractors?  Yes  No
7. Are copies of the insurance certificates kept on file?  Yes  No
8. Do all employees have at least three years minimum over the road experience?  Yes  No

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

*If yes, please clarify the following:*

- MVR's verified at time of hire?  Yes  No
- MVR's verified every six months after hire?  Yes  No
- Copies of MVR's maintained in personnel files?  Yes  No

10. Have any of the drivers had a speeding violation in the last three (3) years?  Yes  No

*If yes, please list how many: \_\_\_\_\_*

11. Does the insured operate a landfill?  Yes  No

12. Does the insured operate a recycling center?  Yes  No

13. Does the insured specialize in removal of residue from incinerator plants?  Yes  No

14. Does the insured specialize in the collection of scrap metal?  Yes  No

15. Does the insured specialize in the collection of manure from farms?  Yes  No

16. Does the insured primarily provide a one time on demand service to pick up or haulaway junk such as, but not limited to: household junk (appliances, furniture, carpet, etc), office junk (computers, printers, furniture, etc), or general junk (construction debris, etc)?  Yes  No

17. Does the insured engage in storm debris or construction or debris clean up?  Yes  No

18. Are more than 5% of receipts from HazMat or Hazardous Materials (Solids, liquids or gases that can harm people) clean up or removal?  Yes  No

19. Is there a formal safety program in place?  Yes  No

20. Is there a formal return to work/modified duty program in place?  Yes  No

21. Is there a formal pre-hire drug testing program in place?  Yes  No

22. Is there a formal post-accident drug testing program in place?  Yes  No

23. Please indicate the business operations and percentage done in each:

Residential Waste Hauling \_\_\_\_\_%

Commercial Waste Hauling \_\_\_\_\_%

Construction Waste Hauling \_\_\_\_\_%

Hazardous Waste Hauling \_\_\_\_\_%

Medical Waste Hauling \_\_\_\_\_%

Landfill Operation \_\_\_\_\_%

Recycling Center \_\_\_\_\_%

## Residential Haulers:

1. Is manual lifting of containers required?  Yes  No  
*If yes, what percentage of the collection is by manual methods? \_\_\_\_\_%*
2. Are standard residential containers required?  Yes  No
3. Are weight restrictions in place and enforced?  Yes  No
4. Radius of operations?  
Less than 25 miles \_\_\_\_\_%      25 to 50 miles \_\_\_\_\_%      Over 50 miles \_\_\_\_\_%
5. Are riding steps used?  Yes  No  
*If yes, are they self-cleaning and slip resistant?  Yes  No*
6. Does the applicant provide separate manually lifted bulk item pick-ups?  Yes  No
7. Number of trucks? \_\_\_\_\_

## Commercial Haulers:

1. What percentage is roll off or front end pick up compared to manual collection?  
Less than 70% automated \_\_\_\_\_      70 to 90% automated \_\_\_\_\_      Over 90% automated \_\_\_\_\_
2. Do drivers tie off tarps manually?  Yes  No
3. Does the applicant require the dumpsters to be in an accessible location?  Yes  No
4. Does any of the collection occur at night?  Yes  No
5. Number of trucks? \_\_\_\_\_

**\*\*The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify All Risks, LTD. of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.\*\***

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_