

WASTE HAULERS SUPPLEMENTAL APPLICATION

1. Named Insured: _____ FEIN: _____
1a. Include all "DBAs": _____
2. Company Website Address: _____
3. Years in business: _____ Submit resume of owner/manager if in waste industry less than 3 years.
3a. Years of experience in waste management: _____
4. Any hauling of other than non-hazardous solid waste? No Yes If yes, describe: _____
5. Describe security at Garaging Location: _____

6. Operational territory: Urban: _____ Suburban: _____ Rural: _____
Local (0-50): _____ Intermediate (51-200): _____ Long Haul (over 200): _____
7. Name your farthest destination (Provide the specific name of the city or town): _____
8. Hours of Truck Operations: _____
9. Type of Hauling based upon Gross Receipts (total Percentage must be equal to 100%)
 - _____ % Residential (route pickup from residential locations)
 - _____ % Commercial (route pickup from business establishments)
 - _____ % Recycling material _____ Sales of Recycling material to others.
 - _____ % Construction & Demolition Debris (no asbestos)
 - _____ % Asbestos/Other Describe: _____
 - _____ % Transfer Station to Landfill

Complete the following:

- Transfer Station Location: _____
 - Landfill Location: _____
 - Distance from Garaging Location to Transfer Station and/or Landfill: _____ miles.
10. MC#: _____ DOT#: _____ Filings required: _____ **Submit copies.**
11. Total number of full time employees: _____ (Drivers, helpers, mechanics, yard workers, clerical)
12. Total number of part time employees: _____ (Drivers, helpers, mechanics, yard workers, clerical)
13. Do you ever use or hire Owner/Operators? Yes* No
**If yes, you must attach a sample copy of the Owner/Operator contract agreement used.*
14. Employee pre-hire procedures used: Application MVR check Driving Test
 Written Test Pre-Employment Physical Employment Reference Check
15. Do you maintain driver files in full compliance with DOT regulations? Yes No
16. Describe training provided to all drivers prior to placement in vehicles for route servicing: _____
17. Do drivers perform written pre- & post-trip vehicle inspections? Yes No
18. Do you maintain DOT compliant service records on each vehicle? Yes No
19. Do you ever work on vehicles not owned by your business? Yes No

Information contained within this supplemental application and any of the designated attachments is specifically relied upon in determining insurability of your company. The undersigned/insured warrants the information contained herein is true and accurate to the best of his/her knowledge and belief.