



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**RECYCLING  
INDUSTRY**

**General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

**Other Locations Used:**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**2. Desired Insurance**

**Coverage to be Quoted:**

- General/Commercial Liability
- Property
- Inland Marine
- Automobile

**Limit of Liability - Professional Liability Coverage:**

Per Act/Aggregate		Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

1. What percent of gross receipts are from the sale or processing of recyclable materials? \_\_\_\_\_%

2. What materials do you collect?

- Metal
- Plastic
- Paper
- Glass
- Aluminum
- Rubber
- Fluorescent Tubes
- Chemical/Liquid
- Yard Waste
- Cloth/Textiles
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

3. Do you have a formal safety program?  Yes  No  
 If yes, please attach a description of the program, and answer:  
 a. Who is responsible for safety training? Explain: \_\_\_\_\_  
 b. What resources are committed to safety, safety training, employee health and wellness, etc.? \_\_\_\_\_  
 c. Attach copies of attendance logs for three recent safety training meetings and indicate the topics discussed.  
 d. How are violations of the safety program and procedures handled? Explain: \_\_\_\_\_
4. Do you conduct formal safety inspections?  Yes  No  
 a. If yes, who is responsible for correcting hazards? Explain: \_\_\_\_\_
5. Is there any off-site work (i.e. demolition, salvage operations, etc.)  Yes  No  
 Explain: \_\_\_\_\_
6. Does your operation currently include a landfill?  Yes  No  
 a. Has your operation previously included a landfill?  Yes  No
7. Do you provide bins, dumpsters, or trailers at customer sites for collection purposes?  Yes  No  
 If yes, how many? \_\_\_\_\_
8. Do you have any end products sold as "used"?  Yes  No  
 If yes, provide a description of those products, including any warranty: \_\_\_\_\_
9. Have you ever been cited by the EPA?  Yes  No  
 If yes, provide details: \_\_\_\_\_
10. Any collection of:  
 a. construction debris or scrap that contains asbestos or lead paint?  Yes  No  
 b. batteries, oil, antifreeze, freon or tires?  Yes  No  
 Explain any yes answer: \_\_\_\_\_
11. Does your operation include ship breaking, battery breaking, PCB transformers or handling of radioactive materials?  Yes  No  
 If yes, explain: \_\_\_\_\_
12. Does your operation include scrapping automobiles?  Yes  No  
 If yes, answer:  
 a. What safety guidelines are in place for handling gasoline and motor oil in the automobiles? \_\_\_\_\_  
 b. What is the procedure for handling unspent airbags? \_\_\_\_\_  
 c. What environmental controls are in place to handle leached materials from engine blocks? \_\_\_\_\_

**Facility Information**

13. Facility is:  Gated  Locked  Fenced  Lighted  Has motion detectors  Guarded  
 If there is an attendant on duty, is the attendant trained in:  
 a. Hazardous waste identification?  Yes  No  
 b. Hazardous waste detection?  Yes  No
14. Is facility open to the public?  Yes  No  
 If yes, explain: \_\_\_\_\_
15. Do vendors, customers and/or the general public deliver or pick up materials?  Yes  No  
 a. Are there safety guidelines posted regarding the delivery and pick up of materials?  Yes  No
16. Is your facility used by other recyclers or trash haulers?  Yes  No  
 a. Is a release of liability form signed by anyone who pick up and deliver materials?  Yes  No
17. Describe recyclable material storage: \_\_\_\_\_ % Inside \_\_\_\_\_ % Outside
18. Do you have vacant land?  Yes  No  
 If yes, explain use: \_\_\_\_\_

**Automobile**

- 19. Do you comply with the U.S. Department of Transportation and any state-specific safety standards?  Yes  No
- 20. Do you pull MVR's on all drivers?  Yes  No
- 21. Are you required to provide an ICC filings?  Yes  No
- 22. Do you tarp or otherwise enclose loose material you transport?  Yes  No
- 23. Do you have a post-accident investigation policy?  Yes  No
- 24. Do you perform drug/alcohol testing?  Yes  No
- 25. Describe vehicle maintenance program including frequency of service: \_\_\_\_\_
- 26. Describe protection of garage locations: \_\_\_\_\_
- 27. What is radius of operations?  Less than 50 miles  51-200 miles  More than 200 miles
- 28. What is average miles per year per vehicle? \_\_\_\_\_
- 29. Are drivers trained in hazardous waste identification?  Yes  No
- 30. Describe garage locations: \_\_\_\_\_

**Metal Recycling**

If you checked Metal in question 2, answer the questions in this section.

- 31. What percent of your receipts are from recycling:

_____ %	Iron/Steel	_____ %	Chromium
_____ %	Cadmium	_____ %	Lead
_____ %	Mercury	_____ %	Nickel
_____ %	Manganese	_____ %	Beryllium
_____ %	Brass	_____ %	Aluminium
_____ %	Copper	_____ %	Other: _____
- 32. Do you have radiation detection equipment in place?  Yes  No
  - a. If yes, is the equipment:  fixed  hand-held
- 33. Do you dismantle and/or recycle tanks?  Yes  No
  - a. If yes, how are tanks tested for residual contents? \_\_\_\_\_
  - b. Do you own or operation any of the following:
    - Smelting Operation  Incinerator  Cogeneration facility
- 34. If a smelting operation exists, what types of metals are being recycled?

<input type="checkbox"/> Steel	<input type="checkbox"/> Brass
<input type="checkbox"/> Iron	<input type="checkbox"/> Copper
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Aluminium
<input type="checkbox"/> Lead	<input type="checkbox"/> Other: _____
- 35. Please list the production machinery:
  - a. Values: \_\_\_\_\_
  - b. Age: \_\_\_\_\_
  - c. Cost to replace: \_\_\_\_\_
  - d. Size (h.p./tonnage/output): \_\_\_\_\_
- 36. What is the size of the largest motor running any equipment? \_\_\_\_\_
  - a. Do you have a spare?  Yes  No
- 37. What critical spares do you keep on hand? \_\_\_\_\_
  - a. What is the lead time to obtain additional components? \_\_\_\_\_
- 38. Please attach a description of your production machinery maintenance policy and procedures.
- 39. Is there a preventative maintenance program?  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
- 40. How often are seals and hoses on machinery checked? \_\_\_\_\_
- 41. How often are seals and hoses on the machinery replaced? \_\_\_\_\_
- 42. What is the experience and training of the personnel who service the processing equipment? \_\_\_\_\_
- 43. Where and how are flammables – including acetylene tanks – stored? \_\_\_\_\_
- 44. Is machinery custom-made or foreign-made? \_\_\_\_\_
- 45. How many production lines are there? \_\_\_\_\_
  - a. Is there duplicity in the production process?  Yes  No

46. List the number of:
- a. Working days per week: \_\_\_\_\_
  - b. Shifts per day: \_\_\_\_\_
  - c. Number of employees: \_\_\_\_\_
47. What is the experience level of the machinery operators? \_\_\_\_\_
- 
48. Is equipment checked for hot spots at the end of each day?  Yes  No
- a. Is the production machinery equipped with heat sensing devices?  Yes  No
49. Number of incoming electric feeds, automatic switchover: \_\_\_\_\_
50. Number of transformers: \_\_\_\_\_
- a. Who owns the transformers?  Insured  Utility
  - b. Age of transformers: \_\_\_\_\_
  - c. KVA: \_\_\_\_\_
  - d. Valve: \_\_\_\_\_
  - e. Rewired: \_\_\_\_\_
51. Is emergency power available?  Yes  No
52. Are there any welding or cutting operations?  Yes  No
- a. If yes, where? \_\_\_\_\_
  - b. If yes, what controls are in place to minimize fire potential? \_\_\_\_\_
- 

### Plastics Recycling

If you checked Plastics in question 2, answer the questions in this section.

53. What types of plastics do you recycle? Indicate percentage:  
 \_\_\_\_\_% Foamed \_\_\_\_\_% Hollow Plastic (bottles) \_\_\_\_\_% Molded Parts
54. What form are plastics in? Indicate percentage:  
 \_\_\_\_\_% Pellets \_\_\_\_\_% Granules \_\_\_\_\_% Flakes  
 \_\_\_\_\_% Powders \_\_\_\_\_% Solids
55. Indicate how plastics are stored previous to recycling:
- a. What is the maximum height plastics are stored to? \_\_\_\_\_ Feet
  - b. Storage method:  Gaylord cartons  Loose piled  Solid piles
  - c. Is storage inside?  Yes  No
56. If storage is inside:
- a. Is it in an area protected by automatic fire sprinklers?  Yes  No
  - b. What building features would contain the spread of heat, smoke and flame from a fire?  
 Fire walls  Partition Walls (block, brick, wood, dry wall, etc.)  Metal Walls  
 Open unrestricted area
  - c. How much of the floor space is used for storage of plastics? \_\_\_\_\_ Feet
57. If plastics are reground, describe dust and noise controls: \_\_\_\_\_
58. How are reground plastics stored (i.e. gaylord cartons)? \_\_\_\_\_
- 

### Rubber Recycling

If you checked Rubber in question 2, answer the questions in this section.

59. What type of rubber products are handled, by percentage?  
 \_\_\_\_\_% Tires \_\_\_\_\_% Household Goods \_\_\_\_\_% Extrusions  
 \_\_\_\_\_% Other: \_\_\_\_\_
60. If tires are recycled, how are they stored?  On End  Overlapped  Inside  Outside
61. If storage is inside:
- a. How high is storage? \_\_\_\_\_ Feet
  - b. How many square feet are used for storage? \_\_\_\_\_
  - c. Do automatic sprinklers protect the area?  Yes  No
  - d. What building features would contain the spread of heat, smoke and flame from a fire?  
 Fire walls  Partition Walls (block, brick, wood, dry wall, etc.)  
 Metal Walls  Open unrestricted area
62. If storage is outside, how close are tires stored to buildings? \_\_\_\_\_ feet
63. Are rubber products reground?  Yes  No
64. If rubber is reground:
- a. Describe dust control features: \_\_\_\_\_
-

b. How is ground material stored? \_\_\_\_\_

**Paper Recycling**

If you checked Paper in question 2, answer the questions in this section.

65. Describe the types of paper recycled, i.e. newsprint, magazines, telephone books, office refuse, etc.: \_\_\_\_\_

66. What is percentage of paper is stored inside buildings? \_\_\_\_\_ % Outside buildings? \_\_\_\_\_ %

67. For paper stored outside:

a. Is storage:  Closed  Open Array

b. How high is storage? \_\_\_\_\_ feet

c. How many square feet are used for storage? \_\_\_\_\_ feet

d. Are water hoses or pressurized fire extinguishers winterized where necessary?

Water hoses:  Yes  No Fire extinguishers:  Yes  No

e. Describe how paper stored outside is secured against vandalism or arson: \_\_\_\_\_

68. For inside storage:

a. Is there a wet-pip fire sprinkler system?  Yes  No

b. How high is storage? \_\_\_\_\_ Feet

c. How many square feet are used for storage? \_\_\_\_\_ Feet

d. What building features would contain the spread of heat, smoke and flame from a fire?

Fire walls  Partition Walls (block, brick, wood, dry wall, etc.)

Metal Walls  Open unrestricted area

e. Are there any smoke, heat or similar fire detection devices installed in inside areas?  Yes  No

f. Are fire detection devices monitored by a central or normally attended station?  Yes  No

69. If paper is shredded and baled, described dust and noise controls: \_\_\_\_\_

70. Is smoking prohibited throughout the premises?  Yes  No

71. Are hot work permits used for welding and cutting operations?  Yes  No

If yes, attach a copy.

72. Who is responsible for fire watch activity during welding/cutting operations? \_\_\_\_\_

73. Have employees been trained in the use of fire-fighting appliances?  Yes  No

74. Any collection or disposal of sensitive or confidential documents?  Yes  No

If yes, please attach a copy of sample contract, and describe controls in place to maintain confidentiality.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name