

**CONSUMER MATERIALS RECYCLING
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION**



GENERAL INFORMATION						
Company Name						
Business Address						
Years in Business		Average Number of Employees	Full-time	Part-time	Union / Nonunion	
Business Operation <i>% of work in each category (Total should equal 100%)</i>	%	Paper Stock Dealer	%	Scrap Metal Dealer	%	Auto Recycling
	%	Bottle Dealer	%	Iron Scrap Dealer	%	Septic Tank Cleaning
	%	Rubber Stock Dealer	%	Junk Dealer (NOC)	%	Other <i>(describe below)</i>
	%	Recycling Center / Sorting	%	Mobile Document Destruction		
Description of Operations						
States in which the company operates						
Are independent contractors used?	<i>(if yes, provide details in the "Description of Operations" field - above)</i>					

RECYCLING / SALVAGE OPERATIONS										
Any work performed on barges, vessels, docks, over water?		Any wrecking, dismantling or demolition work off site?								
Does the operation include automobile dismantling?		Is there a smelting/foundry exposure?								
Does the company accept truck/container loads from others?		Does the company dismantle or recycle tanks?								
Is scrap material accepted from the general public?		Is there any treatment of medical waste?								
Is there a controlled drop-off area for the general public?		Has company been cited by the federal or state EPA?								
Material Accepted <i>(check all that apply)</i>	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	Glass	<input type="checkbox"/>	Steel/Iron	<input type="checkbox"/>	Lead Paint	<input type="checkbox"/>	Antifreeze / Oil
	<input type="checkbox"/>	Mercury	<input type="checkbox"/>	Magnesium	<input type="checkbox"/>	Titanium	<input type="checkbox"/>	Paper	<input type="checkbox"/>	Automobiles
	<input type="checkbox"/>	Barium	<input type="checkbox"/>	Batteries	<input type="checkbox"/>	Electronics	<input type="checkbox"/>	Transformers	<input type="checkbox"/>	Tires
Equipment Used <i>(check all that apply)</i>	<input type="checkbox"/>	Alligator Sheer	<input type="checkbox"/>	Cutting Torch	<input type="checkbox"/>	Baler	<input type="checkbox"/>	Glass Crusher	<input type="checkbox"/>	Magnetic Separator
	<input type="checkbox"/>	Plastic Granulator	<input type="checkbox"/>	Incinerator	<input type="checkbox"/>	Can Densifier	<input type="checkbox"/>	Can Flattener	<input type="checkbox"/>	Plastics Perforator
	<input type="checkbox"/>	Car Crusher	<input type="checkbox"/>	Paper Shredder	<input type="checkbox"/>	Tire Shredder	<input type="checkbox"/>	Cable Stripper	<input type="checkbox"/>	Aluminum Shredder
	<input type="checkbox"/>	Front-End Loader	<input type="checkbox"/>	Crane/ Excavator	<input type="checkbox"/>	Forklift	<input type="checkbox"/>	Skid Steer Loader	<input type="checkbox"/>	Open Pits

COLLECTION / PICKUP					
What percentage of work is by manual methods?		If manual collection, is there collection "team" on each truck?			
Are standardized containers required?		Are weight restrictions in place and enforced?			
Are separate manually-lifted bulk item pick-ups provided?		Do trucks used for collection have backup alarms?			
Are employees allowed to ride on outside of vehicle?		Any flatbed trucks used?			
Number of trucks used in collection?		Number of employees used in collection?			
Percentage of collection in rural areas?		Do you allow employees to walk behind/along vehicles?			
Radius of Operation	%	Less than 35 miles	%	35 to 50 miles	% Over 50 miles

PERSONNEL MANAGEMENT

Years of commercial driving experience for drivers		Are written employment applications used for all positions?	
Is preemployment drug-screening performed?		Are preemployment criminal background checks performed?	
Estimated annual employee turnover (%)		Are post-offer physical exams conducted as a screening tool?	

SAFETY & CLAIMS MANAGEMENT

Are employee safety meetings conducted and documented?		If safety meetings are conducted, how many times per year?																
Is there a safety-related incentive / recognition program?		Are safety rules documented and provided to employees?																
Do all collection trucks have beacon or strobe lights?		Are daily vehicle inspections conducted and documented?																
Is the company willing to use modified duty (light duty)?		Has a relationship been established with a medical provider?																
Is bloodborne pathogen training conducted?		Is back injury prevention training conducted?																
Are employees trained in hazardous waste identification?		Are all incoming and outgoing loads screened for radiation?																
Does the company have a lockout / tagout program?		Is there a procedure in place if radioactive material is found?																
Does the company have a confined space program?		What type of radiation detection equipment is used?																
Is mobile equipment provided with backup alarms?		Are guard dog(s) used?																
Is the applicant CAR Designated?		Is the applicant RIOS Designated?																
Are written safety materials provided to non-English speaking employees in their language?																		
Describe height exposures (>10 ft.) and methods used to prevent falls.																		
What personal protective equipment is provided? <i>(check all that apply)</i>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Safety Glasses</td> <td><input type="checkbox"/> Hard Hat / Bump Cap</td> <td><input type="checkbox"/> Leather Gloves</td> </tr> <tr> <td><input type="checkbox"/> Rubberized Gloves</td> <td><input type="checkbox"/> Steel-toe Footwear</td> <td><input type="checkbox"/> Respirators</td> </tr> <tr> <td><input type="checkbox"/> Reflective Vest/Jacket</td> <td><input type="checkbox"/> Reflective Rain Gear</td> <td><input type="checkbox"/> Protective Apron</td> </tr> <tr> <td><input type="checkbox"/> Welding Hood/Gloves</td> <td><input type="checkbox"/> Cutting Goggles</td> <td><input type="checkbox"/> Dust Masks</td> </tr> <tr> <td><input type="checkbox"/> Personal Fall Arrest</td> <td><input type="checkbox"/> Cut-Res Arm Guards</td> <td><input type="checkbox"/> Face Shield</td> </tr> </table>			<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hard Hat / Bump Cap	<input type="checkbox"/> Leather Gloves	<input type="checkbox"/> Rubberized Gloves	<input type="checkbox"/> Steel-toe Footwear	<input type="checkbox"/> Respirators	<input type="checkbox"/> Reflective Vest/Jacket	<input type="checkbox"/> Reflective Rain Gear	<input type="checkbox"/> Protective Apron	<input type="checkbox"/> Welding Hood/Gloves	<input type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Dust Masks	<input type="checkbox"/> Personal Fall Arrest	<input type="checkbox"/> Cut-Res Arm Guards	<input type="checkbox"/> Face Shield
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hard Hat / Bump Cap	<input type="checkbox"/> Leather Gloves																
<input type="checkbox"/> Rubberized Gloves	<input type="checkbox"/> Steel-toe Footwear	<input type="checkbox"/> Respirators																
<input type="checkbox"/> Reflective Vest/Jacket	<input type="checkbox"/> Reflective Rain Gear	<input type="checkbox"/> Protective Apron																
<input type="checkbox"/> Welding Hood/Gloves	<input type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Dust Masks																
<input type="checkbox"/> Personal Fall Arrest	<input type="checkbox"/> Cut-Res Arm Guards	<input type="checkbox"/> Face Shield																
Contact information for individual charged with employee safety management.	Name: Phone: Email:																	

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

Officer or Owner of Business

Date