

**DOCUMENT STORAGE AND DESTRUCTION
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</i> <i>(Total should equal 100%)</i>	%	Record Storage	%	Plant-Based Destruction Services		
	%	Mobile Document Destruction	%	Waste collection – any type *		
	%	Computer Recycling Services	%	Garbage Works (Incinerator, etc.)		
	%	Recycling Center / Sorting*	%	Landfill / Transfer Station Operation		
	%	Vault storage	%	Scanning/imaging services		
	%	Other <i>(describe below)</i>				
Description of Operations						
Items shredded in addition to paper (check all that apply)	<input type="checkbox"/>	Hard Drives	<input type="checkbox"/>	Video Tapes	<input type="checkbox"/>	Casino Chips
	<input type="checkbox"/>	CDs/DVDs	<input type="checkbox"/>	Fabric Items (such as uniforms)	<input type="checkbox"/>	Other <i>(describe below)</i>
Other items shredded						
Haul from transfer station to landfill / recycler?		If yes, provide the distance in miles (one way)			miles	
States in which the company operates						
Are independent contractors used?	<i>(if yes, provide details in the "Description of Operations" field - above)</i>					
* If the company operates a recycling, salvage or waste hauling operation, also complete the "Waste Hauler and Recycler Supplemental Application"						

DOCUMENT HANDLING/LIFTING (required for all operations)					
Describe material handling process including mechanical or material handling devices utilized:					
Maximum size boxes lifted by employees		Maximum weight lifted	lbs	Maximum weight of boxes	lbs
% of lifting operations involved	Fully mechanized lifting devices, no manual lifting		%		
	Manual lifting and movement of documents with material handling devices		%		
	Manual lifting and movement of documents with no mechanical assistance		%		
# of employees whose job duties entail 80% or more to manual movement of documents or materials					
What systems/processes are in place to control repetitive motion injuries:					
How are hazardous materials identified and handled during the process (required for computer/electronic equipment recycling operations)					

FLEET DETAILS

Average # of stops per day per driver		Minimum # of stops per driver		Maximum # of stops per driver		
% of vehicles equipped with the following:	Tailgate Lifts	%	Ramps	%	No equipment	%
	Other	% (describe)				
% of vehicles equipped with the following for loading and unloading:	Fully mechanized loading devices	%	Manual loading processes	%		
	Partially mechanized loading (some lifting involved)	%				
	Other	% (describe)				

COLLECTION OPERATIONS

If containers provided to client:	Percent provided with cabinets requiring manual lifting	%				
	Percent provided with roller bins requiring replacement of bins for collection	%				
	Percent other	% (describe)				
Average size containers:						
Weight required for lifting	Maximum	lbs	Minimum	lbs	Average	lbs

STORAGE (required for storage and scanning/imaging operations)

Maximum height of document storage	
How are boxes lifted over the height of 4.5 feet? (Provide details on equipment and process)	

PERSONNEL MANAGEMENT

Years of commercial driving experience required 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?	
Does the company have a lockout / tagout program?		Is back injury prevention training conducted?	
Does the company have a confined space program?		Is fire extinguisher training conducted?	
Is the applicant currently participating in the National Association for Information Destruction Certification Program?			
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>	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hard Hat / Bump Cap	<input type="checkbox"/> Cut-Res Arm Guards
	<input type="checkbox"/> Dust Masks	<input type="checkbox"/> Rubberized Gloves	<input type="checkbox"/> Steel-toe Footwear	<input type="checkbox"/> Personal Fall Arrest
	<input type="checkbox"/> Respirators	<input type="checkbox"/> Reflective Vest/Jacket	<input type="checkbox"/> Reflective Rain Gear	<input type="checkbox"/> Protective Apron
	<input type="checkbox"/> Leather Gloves	<input type="checkbox"/> Welding Hood/Gloves	<input type="checkbox"/> Cutting Goggles	
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