

**Recyclers
Supplemental Application Rubber**

1. Indicate what type of rubber products are handled by percentage:

_____ % Tires _____ % Household Goods _____ % Extrusions _____ % Other

2. If tires are recycled, are they stored?

On end Overlapped Inside Outside

Please provide details on turnover of material:

3. If storage is inside, how high is storage? _____ feet.

How many square feet are used for tire storage? _____ square feet.

4. If storage is outside, how close are tires stored to buildings? _____ feet.

5. If storage is inside, do automatic sprinklers protect the area? Yes No

6. What structural features of the building would limit fire spread from fire originating in tires?

Fire Walls Block Walls Dry Wall Partition Open Flooring

7. Are rubber products reground? Yes No

8. If regrinding is performed, describe dust control features: _____
noise control features: _____

9. If reground, how is ground material stored? Describe: _____

Insured's Signature

Date

Recyclers Supplemental Application Metal

1. Please indicate percent (%) of receipts:

_____ % Iron/Steel	_____ % Brass	_____ % Beryllium
_____ % Cadmium	_____ % Mercury	_____ % Manganese
_____ % Chromium	_____ % Lead	_____ % Nickel
_____ % Aluminum	_____ % Copper	_____ % _____

2. Do you have radiation detection equipment in place? Yes No
 If yes, is equipment fixed or hand-held? _____

3. Do you dismantle and/or recycle tanks? Yes No If yes, how are tanks tested for residual contents? _____

4. Do you own or operate any of the following?

<input type="checkbox"/> Smelting Operation	<input type="checkbox"/> Incinerator	<input type="checkbox"/> Cogeneration facility
---	--------------------------------------	--

5. If smelting operation exists, what type of metals are being recycled:

<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Iron Lead
<input type="checkbox"/> Brass	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper
<input type="checkbox"/> (Other) _____	<input type="checkbox"/> (Other) _____	

6. What is the age and condition of the production machinery? _____

 - 6a. Please list the production machinery.
 - a. Values: _____
 - b. Age: _____
 - c. Cost to Replace: _____
 - d. Size (hp./tonnage/output): _____

 - 6b. What is the size of the largest motor running any equipment? _____
 Do you have a spare? Yes No

 - 6c. What critical spares do you keep on hand? _____
 What is the lead time to obtain additional components? _____

7. Please describe production machinery maintenance policy and procedures: _____

 - 7a. Is there a preventative maintenance program? Yes No If yes, please describe: _____

 - 7b. How often are seals and hoses on the machinery checked? _____

 - 7c. How often are seals and hoses on the machinery replaced? _____

8. What is the experience and training of the personnel who service the processing equipment? _____

9. Where and how are flammables - including acetylene tanks - stored? _____

10. Is machinery custom made or foreign made? _____

11. How many production lines are there? _____ Is there duplicity in the production process? Yes No

12. Number of working days per week: _____

Number of shifts per day: _____

Number of employees: _____

13. What is the experience level of the machinery operators? _____

14. Is equipment checked for hot spots at the end of each day? Yes No

14a. Is the production machinery equipped with heat sensing devices? Yes No

15. Number of incoming electric feeds, automatic switchover: _____

16. Number of transformers? _____

Who owns the transformers, the Insured or the Utility? _____

a. Age of transformers: _____

b. KVA: _____

c. Valve: _____

d. Rewired: _____

17. Is emergency power available? Yes No

18. Are there any welding or cutting operations? Yes No If yes, where? _____

If yes, what controls are in place to minimize fire potential? _____

Insured's Signature

Date

**Recyclers
Supplemental Application Paper**

1. Types of paper recycled:
 Newsprint Magazines Telephone Books Office Refuse Other _____

2. What is the percentage of paper stored inside buildings? _____ outside buildings? _____

3. For paper stored outside, is storage: Closed Open Array

To what height is paper to be recycled stored? _____ feet.
How many square feet are used for holding paper to be processed? _____ square feet.

Are water hoses winterized where necessary? Yes No

Are pressurized fire extinguishers winterized where necessary? Yes No

Describe how paper stored outside is protected against vandalism, malicious or arson attempts. i.e. fencing, lighting, location of pile away from easy access points. _____

4. If paper is shredded and baled, describe dust and noise controls: _____

5. For inside storage is there a wet-pipe fire sprinkler system? Yes No

6. Is inside storage of paper in: Closed Open Array

7. To what height maximum is paper stored inside? _____ feet.
How many square feet of floor space is used for paper storage inside? _____ square feet

8. What building features would halt or slow down the spread of smoke, heat and flame from fire in paper storage area:
 Fire Walls Block Walls Partition Walls (i.e. drywall) None (open area)

9. Are there any smoke, heat or similar fire detection devices installed in inside areas? Yes No
Are they monitored by a central or normally attended station? Yes No

10. Is smoking prohibited throughout the premises? Yes No

11. Are hot work permits used for welding and cutting operations? Yes No If yes, attach copy.

12. Who is responsible for fire watch activity during welding/cutting operations?
Position/Name: _____

13. Have employees been trained in use of fire fighting appliances? Yes No

14. Any collection/disposal of sensitive or confidential documents? Yes No
If yes, please attach copy of agreement to be signed and describe controls to maintain client confidentiality.

Recyclers Supplemental Application Plastics

1. What types of plastics do you recycle?

Indicate percentage:

_____ % Foamed _____ % Hollow Plastic (Bottles) _____ % Molded Parts

2. What form are plastics in?

Indicate percentage:

_____ % Pellets _____ % Powders _____ % Granules
_____ % Solids _____ % Flakes

3. Indicate how plastics are stored previous to recycling: In gaylord cartons Loose piled Solid piles

4. What is the maximum height plastics are stored to? _____ feet. Is storage inside? Yes No

5. If storage is inside, is it in an area protected by automatic fire sprinklers? Yes No

6. If storage is inside, 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

How much of the floor space is used for storage of plastics: _____ square feet

7. If plastics are reground, describe dust and noise controls: _____

8. How are reground plastics stored? (i.e. gaylord cartons) _____

Insured's Signature

Date

Recyclers Supplemental Underwriting Information

General Information

Policy Term From: _____ To: _____

Applicant is: Individual Partnership Corporation LLC Other _____

Name: _____

Mailing Address _____

Phone _____ Fax _____ City _____ State _____ Zip _____

FEIN# _____ (If more than one entity, attach list of FEIN#'s for each entity)

Are you an ISRI Member? Yes No Are you ISO 9002 Certified? Yes No

What percent of your revenue is derived from the sale or processing of recyclables? _____

General Operation

1. Type of Recyclable Material collected:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Metal* | <input type="checkbox"/> Rubber * | <input type="checkbox"/> Yard Waste |
| <input type="checkbox"/> Plastic* | <input type="checkbox"/> Fluorescent Tubes | <input type="checkbox"/> Cloth/Textiles |
| <input type="checkbox"/> Paper* | <input type="checkbox"/> Chemical/Liquid | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Aluminum | <input type="checkbox"/> _____ |

Note: Please complete specific supplemental, if (*), for materials checked.

2. Do you have a formal written safety program? Yes No If yes, please attach index of each program and a copy of the Statement of Safety Policy.

3. Who is responsible for conducting safety training at your facility? _____
(Attach copies of attendance logs for three recent safety training meetings and indicate the topics discussed.)

4. Do you conduct formal safety inspections? Yes No
If so, who is responsible for correcting hazards? _____

5. How are violations of the safety program and procedures handled? _____

6. What resources are committed for safety, safety training, employee health and wellness, etc. _____

7. Is there any offsite work? (i.e. demolition, wrecking, dismantling or salvage operations) Yes No
If yes, please provide details: _____

8. Does your operation currently include a landfill? Yes No
 a. Did you operate as a landfill? Yes No If yes, please describe: _____

9. Do you provide bins, dumpsters, or trailers at customer sites for collection purposes? Yes No If yes, how many? _____
10. Do you have any end products sold as "used"? Yes No If yes, please provide details including warranty on such products: _____

Facility Overview

1. Is Facility Gated Locked Fenced Lighted Motion
 Is attendant on duty trained in hazardous waste identification Yes No Detectors Yes No
 Are materials tested for hazardous substance Yes No Are materials tested for radioactivity Yes No
 Open to the Public Yes No (If yes, described how access is controlled?) _____

2. If you own or operate a recycling collection center, are they used by other recyclers or trash haulers? Yes No
3. Describe amount of recyclable materials stored: _____% Inside _____% Outside
4. Do you have any vacant land? Yes No If yes, what is it used for? _____

Environmental Issues

1. Have you ever been cited by the EPA? Yes No If yes, please provide details: _____

2. Any collection of construction debris/scrap that contains asbestos or lead paint? Yes No If yes, please provide details: _____

3. Any collection of batteries, oil, antifreeze, freon, tires (now or in the past)? Yes No If yes, please provide details: _____

4. Does your operation include:
 Ship Breaking Battery Breaking PCB Transformers Handling of Radioactive Materials?
 If yes, please provide details: _____

Automobile

1. Do you comply with U.S. Dept of Trans. and state specific Safety Standards? Yes No
2. Do you pull MVR's on all drivers? Yes No How often? _____ What action is taken when a poor record is discovered? _____

3. Are you required to provide any ICC filings? Yes No If yes, please provide details: _____

4. Do you tarp or otherwise enclose loose material you transport? Yes No
5. Do you have a post accident investigation policy? Yes No

6. Do you perform random and post accident drug/alcohol testing? Yes No
7. Are drivers trained in hazardous waste identification? Yes No
8. Describe vehicle maintenance program including frequency of service: _____

9. Describe protection of garage locations: _____
10. What is radius of operations? < 50 miles 51 - 200 miles >200 miles
11. What is average miles per year per vehicle? _____
12. Do you require MVRs on all prospective drivers? Yes No Describe your disqualification criteria: _____

13. Do you require: A Written Test Yes No A Road Test Yes No Drug Screening Yes No
Pre-employment Physicals Yes No

Workers Compensation

1. Have you ever been cited by OSHA? Yes No If yes, please describe when, violations and corrective action: _____

2. Is personal protective equipment required in all work areas? Yes No How are violators handled: _____

3. Do you have a Return to Work Program? Yes No
4. Is all production machinery properly guarded? Yes No
5. Describe tenure and turnover of employees: _____

6. What are the training processes for new employees? _____

- a. Are employees properly trained relative to the machinery and equipment they are using? Yes No

Insured's Signature

Date