



Member Argo Group

### Waste & Recyclables Supplemental Application

**Note: This supplement is to be completed in conjunction with the ACORD 125, 127 (Business Auto Policy) or ACORD 132 (Truckers Policy) & a state specific ACORD 137**

**Note: For Fleet Accounts (5 or more power units), the following information is required:**

1. Copy of driver handbook or written explanation of driver hiring/training/firing guidelines.
2. Copy of formal Safety Program or written explanation of informal safety program.
3. Three to five year hard copy loss runs for prior insurance coverage. If risk is a new venture, send three-year employment history and experience for owners.
4. Copy of vehicle maintenance schedule, including sample maintenance logs.

#### Section I - General Information

1. Policy Period Desired \_\_\_\_\_ Phone # \_\_\_\_\_
2. Insured Name \_\_\_\_\_ Fax # \_\_\_\_\_  
(dba) \_\_\_\_\_
3. Physical Address (if diff. from mailing ) \_\_\_\_\_
4. Have you ever operated under another name?  Yes  No  
If "Yes," what was the name of that operation? \_\_\_\_\_

#### Section II - Description of Operations:

1. Type of hauling based on receipts (total % must be equal to 100%)  
 \_\_\_\_\_% Residential (route pickup from residential locations including recyclables)  
 \_\_\_\_\_% Commercial (route pickup from business establishments including recyclables)  
 \_\_\_\_\_% All Other (Includes construction debris, septic tanks, waste oil, etc., (be very specific) \_\_\_\_\_

**NOTE: If hauling hazardous waste, submit to company for approval**

**NOTE: Trash/Refuse/salvage/scrap/junk transported in the following units are not acceptable and should be rated/classified within their own respective groups.**

**Dump Trucks/dump trailers**

**Wreckers/tow trucks/rollbacks**

**Box/van trucks, flatbed trucks, straight trucks, tractor/trailers**

2. Do you operate under contract?  Yes  No; If "Yes," to whom? \_\_\_\_\_
3. Do you own a landfill/dumpsite?  Yes  No; If "Yes," who writes the Pollution and General Liability Coverages? \_\_\_\_\_
4. If hauling to a landfill, who owns it? \_\_\_\_\_
5. % of hauling to Transfer stations \_\_\_\_\_ % of hauling to Landfills \_\_\_\_\_  
 % of hauling to Recycling centers \_\_\_\_\_ % to Other (be specific) \_\_\_\_\_

#### Section III - Area of Operations

1. Define normal areas of operation, i.e., Cities, States: \_\_\_\_\_
2. Do you operate over a regular route?  Yes  No If "Yes," describe: \_\_\_\_\_
3. List largest cities entered in each state: \_\_\_\_\_
4. Radius of operation  0-100  101-300  301-500

**NOTE: If radius is over 300 miles, company approval is required to quote the account.**

**Section IV - Driver Information**

1. Do you carry Worker's Compensation?  Yes  No  
**NOTE: If no and fleet account, company approval is required to quote the account.**
2. Driver pre-hire procedure used (check all that apply)  Application  MVR check  Road test  
 Written test  Pre-Employment physical  Employment Reference Check
3. Are periodic reviews of drivers MVR's conducted?  Annually  Semi-Annually  Other (Be specific)
4. Does applicant understand that if this application is accepted; newly hired drivers must be reported to the company within 14 days of the hiring date  Yes  No  
**NOTE: If the answer is "No," company approval is required to quote the account.**
5. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?  
 Yes  No; If "Yes," explain. \_\_\_\_\_
6. How are drivers paid?  Per Load  Per Hour  Per Mile  Other(describe) \_\_\_\_\_
7. What is your annual driver turnover? \_\_\_\_\_%

**Section V – Equipment Information**

1. Do you interchange equipment with other carriers?  Yes  No; If "Yes," give details: \_\_\_\_\_
2. Is there specialized equipment attached to any unit? (check all that apply)  Booms  refuse grapples  
 hooks  Other: \_\_\_\_\_
3. If more than one unit insured, describe which unit is specially equipped. \_\_\_\_\_
4. Check all applicable Body Types and indicate how many units of each type:  
 Side loader \_\_\_\_  Front loader \_\_\_\_  Roll off \_\_\_\_  Pumper \_\_\_\_  Packer \_\_\_\_  Rollback \_\_\_\_  
 Other: \_\_\_\_\_

**Section VI - Safety and Maintenance**

1. Give Details of Safety Program (*Be specific*) \_\_\_\_\_
2. Are any of the following procedures in place? (check all that apply)  Company work rules  
 Driver Training Program  Safety Program/Meeting  Driver Discipline Program  
 Hazardous Waste ID Training  Burning Load Fire Training
3. How often is vehicle maintenance done and by whom? \_\_\_\_\_
4. Describe your accident reporting procedures: \_\_\_\_\_
5. Describe security at Garaging Location (check all that apply):  
 Units locked when not in use  Keys kept in lock box  Well lit lot  Fenced lot  Commercial area  
 Residential area  Other: \_\_\_\_\_
6. Do you have a driver safety incentive program?  Yes  No  
**If "Yes," attach written description of informal program or attach a copy of your formal program.**
7. Is there safety equipment attached to any unit?(check all that apply)  Cut off switches  Strobe lights  
 Tarps  Back up alarms  Video Monitors  Automated Can Dumping Arm  2-Way Radio  
 DriveCam  Other: (Be specific); \_\_\_\_\_
8. Are your trailers retrofitted with Reflective tape or Reflectors?  Yes  No

**Section VII- Additional Insured & Waiver of Subrogation**

**NOTE: If request for Additional Insured and/or Waiver of Subrogation is made by a landfill or an environmental group, insurance company approval is required.**

**Section VIII- Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer or files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's or Broker's Name (Please print)

\_\_\_\_\_  
Telephone # / License #

\_\_\_\_\_  
Agent's Signature