

## Recycling Program Checklist

### Information Needed:

- \_\_\_\_\_ 5 years currently valued loss runs
- \_\_\_\_\_ Narrative on any Losses in Excess of \$10,000
- \_\_\_\_\_ Completed questionnaire, signed and dated
- \_\_\_\_\_ Completed Acord Applications, Signed
- \_\_\_\_\_ List of all equipment to include: type, year, make, model & value
- \_\_\_\_\_ Current Balance Sheet & Most Recent Financials
- \_\_\_\_\_ Copy of your standard rental and or work agreements
- \_\_\_\_\_ Copy of Contracts used with Subcontractors
- \_\_\_\_\_ Résumé's and/or statement of Qualifications on Key Personnel
- \_\_\_\_\_ Signed TRIA upon binding
- \_\_\_\_\_ Copy of your safety manual
- \_\_\_\_\_ Copy of the Workers Compensation Mod Worksheet

**Please note that additional information may be requested by the Underwriter.**

*Contractors Pollution Liability, Auto, Property/Inland Marine, Commercial Umbrella or Excess Liability are available under most circumstances.*

Apollo General Insurance Agency, Inc.

RECYCLING PROGRAM  
SUPPLEMENTAL APPLICATION

Application Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Do you operate from more than one location?      Yes     No

If "YES" please list all locations in use: \_\_\_\_\_

\_\_\_\_\_

Individual     Partnership     Corporation     Other (describe) \_\_\_\_\_

Contact Person for Inspection: \_\_\_\_\_

Telephone Number: \_\_\_\_\_     Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_    Deductible: \_\_\_\_\_    Limits: \_\_\_\_\_

Number of years in business under present name? \_\_\_\_\_

If new venture, please describe the experience of the applicant and include a copy of resume: \_\_\_\_\_

\_\_\_\_\_

Geographic area of operation: \_\_\_\_\_

**Section I     Estimated breakdown of payroll & gross receipts for the following:**

	PAYROLL	RECEIPTS
a) Building Material Dealers (10256)	\$ _____	\$ _____
b) Scrap Metal Dealers (15406)	\$ _____	\$ _____
c) Garbage or Reuse Dumps (43945)	\$ _____	\$ _____
C & D Only	\$ _____	\$ _____
d) Garbage Works - Separation of C & D for Recycling (43946)	\$ _____	\$ _____
e) Pulp Manufacturing (58503)	\$ _____	\$ _____

f) Excavation (94007)	\$	\$
g) Heavy Hauling/Trucking for others (99793)	\$	\$
h) Quarries (98555)	\$	\$
i) Street or Road Recycling (99321)	\$	\$
j) Recycling Collection Centers (47146)	\$	\$
TOTAL	\$	\$

1. Do you manufacture and/or fabricate any equipment, parts of accessories for sale, lease, rent or loan?  Yes  No

If yes, provide details and brochures, annual sales and percentage of business

2. Does Insured warehouse goods of others?  Yes  No

If so attach a copy of storage agreement and gross receipts. Insured by what carrier?\_

3. Does the insured rent/lease equipment from others?  Yes  No

If yes, what type of equipment?\_\_\_\_\_

4. Are you required to name lessor as additional insured?  Yes  No

5. Advise the percentage of your work these Customers provide to your operations (i.e. Utilities, Marine, Stevedoring, Oil Field/Refineries, Bridges, Construction, Industrial Plants, etc):

Utilities \_\_\_\_\_% Marine \_\_\_\_\_% Stevedoring \_\_\_\_\_% Industrial Plants: \_\_\_\_\_%

Oil field/Refineries: \_\_\_\_\_% Bridges: \_\_\_\_\_% Construction: \_\_\_\_\_%

Please describe the last five jobs performed by you:

Owner/Contractor	Type of Work Performed in detail

6. Does applicant engage in any other contracting work?  Yes  No

If so, describe and provide revenues: \_\_\_\_\_  
\_\_\_\_\_

7. Do you use or rent to others any equipment other than cranes?  Yes  No

If yes, what kind of equipment?: \_\_\_\_\_

8. What % of your work is:

As a subcontractor working for other contractors: \_\_\_\_\_%

Direct contracts with customers: \_\_\_\_\_%

9. Do you ever use subcontractors?  Yes  No

List type of work subcontracted and approximate annual cost associated with each:

Type of Work	Annual Cost of Subs
_____	_____
_____	_____
_____	_____

10. Does the applicant perform any maintenance work on the equipment of others?

Yes  No

If Yes A. Describe type of work performed: \_\_\_\_\_

B. Annual revenues from service work \$ \_\_\_\_\_

11. Are there any other Business Operations/Entities owned/operated or managed by Applicant? (i.e. Restaurants, properties, mercantile)  Yes  No

Describe: \_\_\_\_\_

Name of Insurance Company providing coverage: \_\_\_\_\_

## **SECTION II      Employment Training & Procedures for Crane Operators**

1. Are your operators:  Union  Non-Union

Have any Union member(s) been rejected?  Yes  No

2. How often does applicant refer to the union for new or temporary operators?: \_\_\_\_\_

4. Is there a screening/reference process for new operators?  Yes  No

5. If Union shop, describe your screening procedures for any new or temporary employees: \_\_\_\_\_  
\_\_\_\_\_

6. If Non-Union, please describe the training program your Company provides for employees: \_\_\_\_\_  
\_\_\_\_\_

7. Is training given on an on-going or annual basis?  Yes  No  
Describe: \_\_\_\_\_  
\_\_\_\_\_

8. Is this documented?  Yes  No

## **SECTION III      Loss Control and Maintenance Procedures**

1. Do you have a formal loss control or safety program?  Yes  No

2. Has the Safety Program been accepted/approved by your WC Carrier?  Yes  No
3. What is your current Work Comp. Ex Mod?: \_\_\_\_\_
4. Is one employee responsible for safety programs'?  Yes  No  
If so Whom/Title?: \_\_\_\_\_
5. Do you have regular safety meetings with employees?  Yes  No
6. Is there a scheduled maintenance program?  Yes  No
7. Is all Maintenance Documented?  Yes  No
8. Do you use a written form for crane inspections?  Yes  No
9. Do you use a written accident report form?  Yes  No
10. Do you order MVRs on all drivers?  Yes  No How Often?: \_\_\_\_\_

Schedule of all Drivers and Operators:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

State Licensed: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

State Licensed: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

State Licensed: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Please attach a list of any additional Drivers/Operators

1. Describe any liability claims reported in the last five years: (Use additional sheet if needed): \_\_\_\_\_  
\_\_\_\_\_

2. Describe any claims for damage to your equipment in the last five years: (Use additional sheet if needed): \_\_\_\_\_  
\_\_\_\_\_

Current/Prior Insurer Information:

Insurer \_\_\_\_\_ Eff Date \_\_\_\_\_

Policy # \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Insurer \_\_\_\_\_ Eff Date \_\_\_\_\_

Policy # \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Insurer \_\_\_\_\_ Eff Date \_\_\_\_\_

Policy # \_\_\_\_\_ Premium: \$ \_\_\_\_\_

HEREBY certify that aforementioned information enclosed in this application form and any additional information, which has been enclosed with this application is true and accurate to the best of my knowledge, and I further understand and agree that any policy will be issued in reliance upon the representations made herein. I further understand and agree that failure to provide a true and accurate response to any of the foregoing questions may result in the voiding of the insurance issued in reliance on this application and/or denial of claims, which would otherwise have been covered under any policy issued.

Completion of this application does not constitute acceptance of this application or obligate the Company or their duly authorized representative to complete the insurance applied for. No insurance shall become effective until the company has received a signed and dated application and deposit premium.

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|--------------------------------------|--|
| Applicable in California             | Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.  |
| Applicable in Florida and Idaho:     | Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.* * In Florida, Third Degree Felony  |
| Applicable in Indiana:               | Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.  |
| Applicable in Kentucky & New Jersey: | Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. |
| Applicable in Michigan:              | Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.                               |
| Applicable in Minnesota:             | Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.   |
| Applicable in Nevada:                | Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading  |

information concerning a material fact is guilty of a felony.

Applicable in New Hampshire:

Any person who, with purpose to injure, defraud or receive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio:

Any person who, with intent to defraud or knowing that lie/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma:

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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APPLICANTS SIGNATURE / TITLE

DATE

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PRODUCERS SIGNATURE

DATE

**Please note the additional items needed listed on the cover of this application will need to be received in order for us to consider quoting.**

**You may fax, or e-mail to:**

**Maribel Hernandez**

**Phone: 707-996-2912 x 13**

**Fax: 707-996-7912**

**E-mail: Maribel@apgen.com**