



Scrap Metal Shield Insurance Program Application

Insured/Applicant Section

Insured/Applicant Name

Address

Phone Number

Fax Number

FEIN

Contact Name

Contact Title

Email Address

Web Site

Est. Annual Sales

Number of Employees

Date Business Started

The following information should be included with the submission:

- Current property schedule with values and description of building occupancy
- Current driver's list including family member and permissive users
- Recently valued loss runs for current and four previous years
- Description of losses greater than \$25,000

General Questions

Check Yes/No Answer

Yes

No

1 Please provide percentages of materials processed:

Material	Percentage
Ferrous	
Non-Ferrous Metal	
Autos	
Car Radiators	
Car Batteries	
Aluminum Cans	
Other	
Automobile Fuel Tanks	
If yes, please confirm fuel tanks are properly drained of gas and other fluid?	

1b Does your operation include separate waste product collection systems (shavings, chips, etc.) for any aluminum, aluminum alloy, titanium and/or ferrous metals processed?

2	Are any other recyclables accepted? If so please provide %				
	Material	Percentage			
	Glass				
	Cardboard/Paper				
	Tires				
	Plastic				
Other					
3	Is scrap material accepted from the general public (walk ins)?				
	If Yes, is there a controlled drop-off area on premises?				
	Is area supervised by an employee?				
4	Do you accept full bins, truck or container loads from others?				
	If Yes, are those drivers directed to a designated off-load area by an employee?				
	Please describe procedure:				
			Check Yes/No Answer		
			Yes	No	
5	Is the general public allowed into the production yard for the purpose of removing parts from scrap autos?				
6	Do you sell used auto parts?				
7	Is employee on duty trained in hazardous waste identification?				
	Are materials tested for hazardous substances?				
	Are radiation detectors used?				
	If yes, provide the following:				
	Type	How Often Used			
	Hand Held				
	Mounted				
	Both				
	Other				
8	Do you re-sell scrap material as "used" goods?				
	If yes, please explain and include any details regarding warranty on such products:				
9	Do you have now or have ever operated any other operations?				
	If yes, provide details:				
		Smelting			
		Incinerator			
		Co-generation			
		Landfill			
	Other				
10	Do you place collection bins/containers on premises of others?				
	If yes, provide approximate number at any given time:				

11	Does the insured have contracts with businesses on whose premises bins/containers are placed?		
12	Is there any other off site work such as demolition, wrecking or dismantling operations?		
13	Do you provide any other refuse, yard waste or garbage services?		
14	Is facility fully fenced?		
	Lighted?		
	Gated?		
15	Is there security system?		
	If yes, advise:		
	Central monitored alarm system		
	Local alarm/gong		
	Surveillance cameras		
	Motion detections		
Fence alarm			
16	Are there dogs on premises?		
	If yes, are they allowed to roam freely during hours of operation?		
		Check Yes/No Answer	
		Yes	No
17	Are there security guards on premises?		
	If yes, are they armed?		
	If employees of outside firm are Certificates of Insurance obtained including Hold Harmless agreement in favor of the insured?		
18	Are shipments made by rail?		
19	Do you have a formal safety program?		
	If yes, provide copy.		
	Advise who administers the program:		
	Designated Safety/Loss Control Manager		
	Yard Manager		
	Owner/Officer		
	Other		
Are there regular safety meetings?			
If so, how often?			
Weekly			
Semi-monthly			
Monthly			
Other			
20	Please confirm Certificates of Insurance are required for all sub-contractors?		
	If any, please provide % of subcontracted work?		
	Describe work being subcontracted?		
21	Does insured follow environmental operating guidelines published by ISRI?		
22	Are federal, state, and local ordinances for scrap metal material acceptance being followed?		
23	Do you use written contracts for industrial scrap accounts?		

24	Do you have signed contracts with vendors removing waste materials? (i.e.: Batteries, waste water, waste oil, tires, etc.)								
25	Do you lease or rent any locations? If yes: a. Do you have signed rental agreement/contract in place? b. Do renters carry their own general liability insurance naming you as additional insured?								
Automobile		Check Yes/No Answer							
		Yes	No						
1	Do you comply with US DOT and state specific safety standards?								
2	Describe your procedure for hiring drivers:								
3	Describe your training procedures for new drivers:								
4	Do you pull MVRS for all drivers? If yes, how often:								
5	What are your MVR guidelines regarding offenses or accidents?								
6	What action is taken on a questionable/unacceptable MVR?								
7	What is your operator policy on cell phones? Texting? Checking email while driving?								
7	Do all commercial drivers have CDLS?								
8	Are drivers trained in hazardous waste identification?								
9	Do you have a post-accident investigation policy?								
10	Do you perform random and/or post-accident drug/alcohol testing?								
11	Do you require any ICC filings? If yes, describe:								
12	Do you tarp or otherwise enclose loose material you transport?								
13	Are all vehicles on the application titled to the Named Insured?								
14	Are pre and post trip inspections done on commercial vehicles?								
15	Do you have a vehicle maintenance program in place?								
16	What is the typical radius of operation of commercial vehicles? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">0 to 50 miles</td> <td></td> </tr> <tr> <td style="text-align: center;">51 to 200 miles</td> <td></td> </tr> <tr> <td style="text-align: center;">201 miles or greater</td> <td></td> </tr> </table>	0 to 50 miles		51 to 200 miles		201 miles or greater			
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Crime		Check Yes/No Answer	
		Yes	No
1	Do you specialize in any precious metals? (i.e.: gold, silver, bronze, etc.)		
2	Do you have an on-site ATM Machine? If yes: a. What is the maximum amount of cash left overnight? b. How often is the machine emptied? c. Is an outside contractor used to service the machine?		
3	Does your company use a scrap specific software to track inventory? If yes, which one?		
Inland Marine		Check Yes/No Answer	
		Yes	No
1	Do you require verification of training or provide training for equipment operators? If yes, provide details:		
2	Are all crane operators certified?		
3	Are hydraulic and other fluids stored in approved containers and away from flammables?		
4	How often is equipment inspected? Are records kept of the inspections and any maintenance/repairs done to the equipment?		
5	Do you ever lease equipment from others with or without operator? If yes, describe:		
6	Do you ever lease your equipment to others with or without operator? If yes, list equipment and provide annual revenue:		
Property			
1	Are all gases and fuels stored in approved containers away from open flames and sources of heat?		
2	If a sweating furnace is used, is it located in a separate building away from combustible materials?		
3	Are tires from scrapped autos stored on premises? If so, advise distance away from yard?		
4	Is there regular pick up of tires by 3 rd party? How often?		
5	Are any buildings on the schedule or on the premises unoccupied or vacant?		
6	Any torching/welding done?		

Equipment Breakdown			
1	Does your yard operate a shredder? If yes:		
	What are the dimensions?		
	What is the size of the drive motor?		
	What type of power source? (Electric?, Diesel?)		
2	Does your yard operate a stationary shear? If yes:		
	How many tons?		
	Hydraulic or mechanical?		
3	Does your yard operate a baler? If yes:		
	How many tons?		
4	Do you have any custom made/difficult to replace equipment?		
	If yes, please describe		
If yes, describe and confirm away from buildings, machinery, and public:			

5	Are you requesting Business Interruption Coverage? If yes:		
	Are spare parts readily available for shredder?		
*Please Note: Business Interruption must be written on 100% Business Income Values: Your Net annual earnings, total earnings minus cost of goods sold, less non-continuing expenses (ordinary payroll, rent, interest, professional fees, maintenance costs, heat and power).			

Insured/Applicant Signature:	Date:



Please return application to:

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