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| --- | --- | --- | --- | --- |
| **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? |  | | | Fill-in applicable percentage(s) in table | |
| 1b | Does your operation include separate waste product collection systems (shavings, chips, etc.) for any aluminum, aluminum alloy, titanium and/or ferrous metals processed? | |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***General Questions, continued*** | | | | | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 2 | | | | Are any other recyclables accepted? If so, please provide %     |  |  | | --- | --- | | **Material** | **Percentage** | | Glass |  | | Cardboard/Paper |  | | Tires |  | | Plastic |  | | Other |  | | | Fill-in applicable percentage(s) in table | |
| 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: | |  | |
| 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 |  | | | Fill-in applicable information in table | |
| 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 |  | | |  |  |
| Fill-in applicable information in table | |
| ***General Questions, continued*** | | | | | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 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 premise’s bins/containers are placed? | |  |  |
| 12 | | | | Is there any other off site work such as demolition, wrecking or dismantling operations? | |  |  |
| If yes, please provide details. | |  | |
| 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 |  | | | Fill-in security system details in table | |
| 16 | | | | Are there dogs on premises? | |  |  |
| If yes, are they allowed to roam freely during hours of operation? | |  |  |
| 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? | |  | |
| Do you act as a general contractor for this work or any other work? | |  |  |
| Describe the type of work where you act as a general contractor, if different than above. | |  | |
| 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:   1. Do you have signed rental agreement/contract in place? | |  |  |
| 1. 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? | | |  | |
| 8 | | | Do all commercial drivers have CDLS? | | |  |  |
| 9 | | | Are drivers trained in hazardous waste identification? | | |  |  |
| 10 | | | Do you have a post-accident investigation policy? | | |  |  |
| 11 | | | Do you perform random and/or post-accident drug/alcohol testing? | | |  |  |
| 12 | | | Do you require any ICC filings? | | |  |  |
| If yes, describe: | | |  | |
| 13 | | | Do you tarp or otherwise enclose loose material you transport? | | |  |  |
| 14 | | | Are all vehicles on the application titled to the Named Insured? | | |  |  |
| ***Automobile, continued*** | | | | | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 15 | | | Are pre and post trip inspections done on commercial vehicles? | | |  |  |
| 16 | | | Do you have a vehicle maintenance program in place? | | |  |  |
| 17 | | | What is the typical radius of operation of **commercial** vehicles?   |  |  | | --- | --- | | 0 to 50 miles |  | | 51 to 200 miles |  | | 201 miles or greater |  | | | |  | |
| 18 | | | Do you haul for others? | | |  |  |
| If yes, what do you haul and how often? | | |  | |
| 19 | | | Do others haul for you? | | |  |  |
| If yes:   1. How often? | | |  | |
| 1. Do you obtain Certificates of Insurance from those carriers? | | |  |  |
| ***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:   1. What is the maximum amount of cash left overnight? | | | |  | |
| 1. How often is the machine emptied? | | | |  | |
| 1. 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: | | | |  | |
| ***Inland Marine, continued*** | | | | | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 6 | | Do you ever lease your equipment to others with or without operator? | | | |  |  |
| If yes, list equipment and provide annual revenue: | | | |  | |
| ***Property*** | | | | | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 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 3rd party?  How often? | | | | |  |  |
| 5 | Are any buildings on the schedule or on the premises unoccupied or vacant? | | | | |  |  |
| 6 | Any torching/welding done? | | | | |  |  |
|  | If yes, describe and confirm away from buildings, machinery, and public: | | | | |  | |
| ***Equipment Breakdown*** | | | | | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 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 | |  | |
| ***Equipment Breakdown, continued*** | | | | | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 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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