

|  |
| --- |
| **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:**

**Program Submissions:**

Shieldsubmit@watsoninsurance.com

**For questions contact:**

**Paul Hendricks**

PHendricks@WatsonInsurance.com

800-635-9416 Office

704-866-9866 Fax

**Rob Watson**

Rwatson@WatsonInsurance.com

800-635-9416 Office

704-866-9866 Fax