



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
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1	Please provide percentages of materials processed: <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Material</th> <th style="width: 40%;">Percentage</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">Ferrous</td><td></td></tr> <tr><td style="text-align: center;">Non-Ferrous Metal</td><td></td></tr> <tr><td style="text-align: center;">Autos</td><td></td></tr> <tr><td style="text-align: center;">Car Radiators</td><td></td></tr> <tr><td style="text-align: center;">Car Batteries</td><td></td></tr> <tr><td style="text-align: center;">Aluminum Cans</td><td></td></tr> <tr><td style="text-align: center;">Other</td><td></td></tr> <tr><td style="text-align: center;">Automobile Fuel Tanks</td><td></td></tr> <tr> <td style="text-align: center;">If yes, please confirm fuel tanks are properly drained of gas and other fluid?</td> <td></td> </tr> </tbody> </table>	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
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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?																					

General Questions, continued		Check Yes/No Answer													
		Yes	No												
2	Are any other recyclables accepted? If so, please provide %	Fill-in applicable percentage(s) in table													
	<table border="1"> <thead> <tr> <th>Material</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Glass</td> <td></td> </tr> <tr> <td>Cardboard/Paper</td> <td></td> </tr> <tr> <td>Tires</td> <td></td> </tr> <tr> <td>Plastic</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table>			Material	Percentage	Glass		Cardboard/Paper		Tires		Plastic		Other	
	Material			Percentage											
	Glass														
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	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:														
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:	Fill-in applicable information in table													
	<table border="1"> <thead> <tr> <th>Type</th> <th>How Often Used</th> </tr> </thead> <tbody> <tr> <td>Hand Held</td> <td></td> </tr> <tr> <td>Mounted</td> <td></td> </tr> <tr> <td>Both</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table>			Type	How Often Used	Hand Held		Mounted		Both		Other			
Type	How Often Used														
Hand Held															
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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:	Fill-in applicable information in table													
	<table border="1"> <tbody> <tr> <td>Smelting</td> <td></td> </tr> <tr> <td>Incinerator</td> <td></td> </tr> <tr> <td>Co-generation</td> <td></td> </tr> <tr> <td>Landfill</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table>			Smelting		Incinerator		Co-generation		Landfill		Other			
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	Co-generation														
Landfill															
Other															
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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Central monitored alarm system</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Local alarm/gong</td> <td></td> </tr> <tr> <td style="text-align: center;">Surveillance cameras</td> <td></td> </tr> <tr> <td style="text-align: center;">Motion detections</td> <td></td> </tr> <tr> <td style="text-align: center;">Fence alarm</td> <td></td> </tr> </table>	Central monitored alarm system		Local alarm/gong		Surveillance cameras		Motion detections		Fence alarm		Fill-in security system details in table	
Central monitored alarm system													
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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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Designated Safety/Loss Control Manager</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Yard Manager</td> <td></td> </tr> <tr> <td style="text-align: center;">Owner/Officer</td> <td></td> </tr> <tr> <td style="text-align: center;">Other</td> <td></td> </tr> </table>	Designated Safety/Loss Control Manager		Yard Manager		Owner/Officer		Other					
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	Are there regular safety meetings? If so, how often? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Weekly</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Semi-monthly</td> <td></td> </tr> <tr> <td style="text-align: center;">Monthly</td> <td></td> </tr> <tr> <td style="text-align: center;">Other</td> <td></td> </tr> </table>	Weekly		Semi-monthly		Monthly		Other					
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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:		
	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?		
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: a) How often?			
	b) 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: 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:			
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 3 rd 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
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704-866-9866 Fax