



THE MATTEI COMPANIES

Document Shredding Supplemental Application

Today's Date

Date Quote Needed

Applicant Website Address

1 List other named insureds and their Federal Employer Identification Number (FEIN)

Other Named Insured

FEIN

Other Named Insured

FEIN

2 List all business owners, principals and officers and indicate their title

Name

Title

3 List expiring premiums and current carrier by line of business

Exp Premium

Current Carrier

Exp Premium

Current Carrier

a Property

b General Liability

c Auto Liability

d Auto Phys Damage

e Crime

f Inland Marine

g Umbrella

h

4 List annual revenue for the past five years

Last Year

2nd Year Prior

3rd Year Prior

4th Year Prior

5th Year Prior

5 If the applicant has been in business less than three full years, describe applicant's prior work history in the same industry

6 Describe any material changes in the applicant's operations during the past five years

7 Describe or attach any hold harmless, risk transfer or other contractual agreements entered into by the applicant

8 Has the applicant assumed liability under a lease agreement for real estate? If Yes,

a Is there a written waiver of subrogation?

b Are maintenance responsibilities delineated?

9 Has the applicant assumed liability of others under any of the following?

a Lease agreements for signs/equipment?

b Contracts for electric power, steam, etc?

c Sidetrack agreements?

d Easement agreements?

10 Does the applicant employ subcontractors? If Yes,

a Describe the work performed or provide a copy of the subcontractor's agreement

b Does the applicant require the subcontractor to provide certificates of insurance?

c What are the minimum requirements?

d Describe the procedures used to monitor the timely receipt of certificates of insurance

11 Does the applicant have any storage tanks or refueling facilities on premises?

a What do the tanks contain?

b How many tanks are there?

c What is the tank capacity?

Gal

d When were the tanks installed?

Year

e Are the tanks above or below ground?

f	How are the tanks protected from vehicular collision?		
12	How are waste oils, lubricants, waste chemicals and by-products and other hazardous compounds stored or disposed of?		
13	If the public is allowed on applicant's premises, describe the applicant's visitor policy		
14	Does the applicant own, hire or lease any watercraft or aircraft?		
Property			
1	Does the applicant do any spray painting?		
	a	Are spray booths used?	
	b	How are the booths ventilated or otherwise protected?	
2	Does the applicant store chemicals, solvents and flammable materials? If Yes, describe		
General Liability			
1	Document Shredding Operation: If the applicants owns a document shredding facility or performs mobile document shredding, complete the following		
	a	Indicate the types of material shredded	
		Paper	Plastic
		Media (discs, diskettes, audio & video tapes, microfilm, microfiche, CDs)	Other (describe)
			Other (describe)
	b	What percent of applicant's business is for shredding of:	
		Medical records	Fianacial records
		Other confidential records	Non-confidential records
	c	What percent of shredding is performed at the applicant's location?	
		What percent of customers deliver material to be shredded to the applicant's facility?	
	d	What percent of shredding is performed at the customer's location?	
		What is the average number of customers serviced per day?	
		What percent of customers are on regular service (more than one time purge)?	
	e	What percent of materials are recycled only (with no pre-shredding)	
	f	Does the applicant perform criminal background checks on all employees who perform shredding?	
	g	Are all employees who perform shredding bonded?	
	h	Does the applicant provide document storage?	What is the average monthly revenue?
		What is the maximum liability stated on applicant's warehouse receipt? (Attach copy of warehouse receipt)	
2	Document Shredding Facility: If the applicant owns or operates a document shredding facility, complete the following:		
	a	Enter the number of locations	b Is the facility one level or multi-level?
	c	Is the facility fenced and gated?	d Enter hours of operation
	e	Indicate days of operation	f If Other, enter days of operation
	g	Does applicant use above or below (sunken) ground containers or bins?	
	h	Is the facility used exclusively for the applicant's vehicles?	
		If no, what % of total is accepted from other haulers?	
	i	Does the applicant accept recyclables from the public?	
		If Yes, what % of the total recyclables collected is collected from the public?	
		Describe safety controls	
	j	How many employees does the applicant employ on a permanent basis?	Temporary?
	k	How many attendants are on duty to direct traffic?	

l	Does applicant have signs listing acceptable/unacceptable material?					
	Describe types of materials accepted					
m	Describe training for identification of hazardous material					
n	Describe the maximum amount of storage material permitted					
	Describe the maximum length of time permitted for material storage					
o	What is the total value of the applicant's equipment, tools and machinery?					
	What is the replacement cost value of the single most expensive item?					
	Describe machinery and equipment maintenance program					
p	Describe premises fire protection					
	Enter the date of the last fire inspection					
q	Describe adjacent properties and indicate distance from applicant's facility					
r	i	Average amt of cash on hand daily		ii	How often are receipts taken to the bank?	
	iii	Is cash kept on premises overnight?		iv	Is there a safe on premises?	
	3 Has the applicant ever been cited by the EPA or any federal, state or local regulatory agency for:					
	a	Illegal or unlawful dumping of waste? If Yes, explain				
b	For any other violations? If Yes, explain					
Automobile						
1	What is the applicant's DOT or MC number?					
2	What percentage of the applicant's operational territory is:					
		Rural		Suburban		Metropolitan
3	Total # of Drivers					
4	How are drivers compensated?		If Other, describe			
5	Does the applicant service its own vehicles? If Yes, answer a-d below; If No, answer e-g					
	If Yes:					
a	Describe types and frequency of vehicle maintenance work performed					
b	How many mechanics does the applicant employ?					
c	How long are maintenance reports retained:		Pre-trip?		Post-trip?	
d	If less than 100% percent of maintenance work is performed by the applicant, respond to questions e-g below					

If No:			
e	Who performs the vehicle maintenance work?		
f	Describe types and frequency of vehicle maintenance work performed		
g	How long are maintenance reports retained:	Pre-trip?	Post-trip?
6	Does the applicant provide any auto or equipment repair service to others? If Yes,		
a	To whom?		
b	Describe types and frequency of vehicle maintenance work performed		
c	How long are maintenance reports retained:	Pre-trip?	Post-trip?
d	What is the annual revenue derived from work performed on vehicles for others?		
7	How frequently are brakes serviced?		
8	If any of the vehicles are laid up on a regular basis during the year, describe vehicles, circumstances and frequency/duration		
9	Does the driver selection process include:		
	Written application		Reference checks (including most recent employer)
	Drug testing		Road test
	Physical exam		Polygraph test
	Other (describe)		Other (describe)
10	Is there a requirement for prior experience driving the same vehicle type?		
a	If Yes, what % of new drivers have more than 3 years experience driving the same vehicle type?		
b	If No, what % of new drivers have no experience with the same vehicle type?		
11	Does driver indoctrination include:		
	Review of company rules and policies		Daily vehicle inspection procedures
	Equipment familiarization		Training for handling certain commodities
	Route familiarization		Accident reporting procedures
	Name of safety manager		Phone number of safety manager
	Ride along with experienced driver		If yes, how long is ride along required?
	Other (describe)		Other (describe)
12	How often does the applicant obtain updated MVRs?		
13	What are the applicant's standards for an acceptable MVR?		
14	Does the applicant obtain MVRs for all employees?		
a	If No, list the position titles of those for whom MVRs are not ordered		
15	Driver Turnover		
a	How many of the drivers have been with the applicant more than two years?		
b	How many drivers have been hired within the past 12 months?		
c	What is the average length of employment for drivers?		Yrs
16	Does the applicant employ a safety manager? If Yes,		
a	If the safety manager is part-time, indicate % of time allocated to safety duties		
b	Describe other assigned duties		
17	Does the applicant hold safety meetings? If Yes,		
a	How frequently?		
b	Is attendance mandatory? If No, explain:		

	c	Are safety meeting notes documented in written form? If No, explain:		
18	Indicate the types of safe driving incentives/devices utilized by the applicant:			
	Safety awards		Speed governors	
	"How's My Driving?" bumper stickers		Trip recording (tachographs, on-board computers, etc)	
	Fuel conservation bonuses		Other (describe)	
	Other (describe)		Other (describe)	
19	What is the applicant's policy on the use of cellular phones while operating company vehicles?			
20	Describe the applicant's accident review procedure			
	a	Are accidents recorded so repeaters can be easily identified?		
	b	Describe the disciplinary policy for drivers involved in serious or multiple accidents or violations		
21	Does the applicant rent or lease vehicles from others without operators? If Yes,			
	a	From whom are they leased?		
	b	How frequently?	c	For how long?
	d	Provide copy of agreement		
	e	Indicate on the vehicle schedule which vehicles are rented/leased		
	f	If the applicant is required to name the lessor on its policy, indicate required limits		
	g	Does the lessor require proof of coverage from the applicant?		
22	If the applicant is or hires transfer/owner operators, chose one and complete the following			
	a	Average number of miles from transfer station to landfill		
	b	Longest distance from transfer station to landfill		
	c	Does the owner operator haul exclusively for one company?		
	d	Is the owner operator paid by the number of hauls?		
	e	If No, on what basis is the owner-operator paid?		
	f	Does the owner operator haul:	C&D	Loose garbage
			Baled garbage	Baled recyclables
	g	Indicate the % of vehicles owned or hired by the applicant	Owned tractors	Hired tractors
			Owned trailers	Hired trailers
	h	Indicate the types of trailers used by the applicant	Walking floor	Tipping
			Flat bed	Dump
	i	Is there a requirement to have experience driving tractor trailer combination rigs?		# of Years
	j	Are loaded trailers stored overnight?	If Yes, how often?	
23	What percentage of vehicles travel in or through metropolitan areas (population > 500,000)?			
	List cities:			
24	Does the applicant travel to Canada or Mexico?			
25	Does the applicant have a company policy regarding non-business/personal use of company vehicles? If Yes,			
	a	If the policy is written, provide copy		
	b	How is the policy communicated to employees?		
	c	How often is the policy reviewed with/communicated to employees?		
	d	Are employees allowed to take vehicles home in the evening?		
		If Yes, indicate authorized employees on driver's list		
	e	Are family members of authorized employees allowed to use company vehicles?		

26	Are family members or other non-employees allowed to ride in the vehicles with drivers?	
27	Is vehicle storage lot fenced and locked at night?	
28	Are retreads used on commercial vehicles?	
<p>Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)</p>		
<p>I (We) have read and understand the preceding statement regarding fraud and certify that the information contained in this application is true, correct and complete to the best of my (our) knowledge. The undersigned further certifies that he/she is an authorized representative of the applicant.</p>		
Applicant's Signature/Title	Date	Producer's Signature