



Hibbs-Hallmark & Company Insurance Agency
Insurance Protection for the Recycling Industry

Recycle-Pro Insurance
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Scrap Metal Dealers and Metal Recycler Questionnaire

Named Insured: _____

Website: _____

GENERAL OPERATION

Provide percentages of material processed:

Ferrous _____ Non-ferrous metal _____ Aluminum cans _____ Autos _____ Car radiators _____ Car batteries _____

Handling details _____

Are any other recyclables accepted?

Glass Yes No

Cardboard/Paper Yes No

Tires Yes No

Plastic Yes No

If yes, provide details of each: _____

Provide gross annual sales and payroll history:

Projected Sales _____ Projected Payroll _____

Prior Year Sales _____ Prior Year Payroll _____

2nd Prior Year Sales _____ 2nd Prior Year Payroll _____

3rd Prior Year Sales _____ 3rd Prior Year Payroll _____

Total number of full-time employees _____ Part-time employees _____

Total number of full-time drivers _____ Total number of active owners _____

Is scrap material accepted from the general public (walk-ins)? Yes No

If so, is there a controlled drop-off area on premises? Yes No

Do you accept full bins, truck or container loads from others? Yes No

Are vehicles directed to a designated off-load area by an employee? Yes No

Are customers supervised by an employee at all times? Yes No

Please describe procedure: _____

Is employee on duty trained in hazardous waste identification? Yes No

Are materials tested for hazardous substances? Yes No

Are radiation detectors used? Yes No

If so, what type and how often? _____

Is the general public allowed into the production yard for the purpose of removing parts from autos? Yes No

If yes, provide details: _____

Are any processed autos repaired and returned to service? Yes No

If yes, provide details: _____

Do you re-sell scrap materials as "used" goods? Yes No

If yes, explain and include any details regarding warranty on such products: _____

Other operations (*check all that apply*): Smelting Incinerator Co-generation Landfill

Have you ever operated as a landfill? Yes No

If yes to any, please explain: _____

Do you place collection bins/containers on premises of others? Yes No

If yes, approx. number at any given time _____

Is there any other offsite work, i.e., demolition, wrecking, dismantling, or salvage operations? Yes No

If yes, describe: _____

Do you provide any other refuse services? Yes No

If yes, details: _____

Is facility fully (*check all that apply*): Fenced Lighted Gated

Locked after hours? Yes No

If no to any, please explain: _____

Security or Alarm System? Yes No

If yes, what type? (*check all that apply*)

Surveillance Cameras Motion Detectors Fence Alarm Security Guard(s) Dog(s)

Other _____

Torching/welding done away from buildings, machinery, and public? Yes No

Describe _____

Is there private fire protection or water tenders for processing equipment? Yes No

If yes, describe _____

Are any shipments made by rail? Yes No

If yes, do you have a side track? Yes No

Formal safety program? *(If possible, please provide a copy.)* Yes No

Who administers the program? Designated Safety/Loss Control Mgr Yard Mgr Owner/Officer Other

Regular safety meetings? Yes No

How often? _____

Have you ever or do you use an independent safety consultant? Yes No

If yes, how often and for what areas? _____

Are certificates of insurance required from all sub-contractors? Yes No

If no, please explain: _____

AUTOMOBILE

Do you comply with US DOT and State specific safety standards? Yes No

Describe your driver hiring guidelines: _____

Describe your new driver training procedure: _____

Do you pull MVRs on all drivers? Yes No

How often? _____

What are your MVR guidelines: _____

What action is taken on a poor MVR? _____

Are drivers trained in hazardous waste identification? Yes No

Do you have a post-accident investigation policy? Yes No

Perform random and/or post-accident drug/alcohol testing? Yes No

Do you require any ICC filings? Yes No

If yes, explain: _____

Do you tarp or otherwise enclose loose material you transport? Yes No

Are all vehicles on the application titled to the Named Insured? Yes No

- Are pre- and post-trip inspections done on commercial vehicles? Yes No
- Do you have a vehicle maintenance program in place? Yes No
- Do you have an employed mechanic? Yes No
- Is any servicing done "in house"? Yes No

If yes, describe: _____

Please describe and include frequency of service: _____

Who performs major repairs? _____

What is the typical radius of operation of **commercial** vehicles (in miles)? 0-50 51-200 201+

Are family members permitted to drive company vehicles? Yes No

If yes, please indicate which vehicle(s) they drive and include them as drivers on the application. This includes family members covered by DOC.

Do you have a fleet and/or driver safety program? (If yes, please attach a copy of the contents page.) Yes No

Who administers the program? _____

Regular safety meetings? Yes No

How often? _____

Do you use vehicle tracking technology (GPS)? Yes No

INLAND MARINE

Do you verify prior training? Yes No

Do you provide training for operators for specific types of equipment? Yes No

If yes, please detail: _____

Do you have any cranes? Yes No

If yes, length of each boom: _____

Are crane operators certified? Yes No

If no, explain: _____

How often is equipment inspected? _____

Who does the inspection? _____

Maintenance/repair records kept of the equipment inspections? Yes No

Fluids/hydraulics stored in approved containers/away from flammables? Yes No

Do you ever lease equipment from others, with or without operator? Yes No

If yes, describe: _____

If leased with operator, are credentials verified? Yes No

Do you ever lease your equipment to others, with or without operator?

Yes No

If yes, list equipment: _____

If yes, provide annual revenue: _____

VERIFICATION

Name of person completing form: _____

Title _____ Company or Agency Name _____

City, State, and Zip _____

Email address _____ Phone number with area code _____

Signature _____

WARNING: Virginia law required complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all the foregoing questions truthfully and completely.