



Supplemental WC Application – Waste Hauler

Instructions:

- Please type or print clearly in ink. All sections must be completed fully.
If you need more space, attach additional sheets as needed
Please provide MVR on all Drivers

1. APPLICANT OVERVIEW

Firm Name: (If the insured has a DBA please list)

Does Common ownership (over 50%) exist with any other operation? Yes No

If "yes", give names and types of operations managed and owned:

List the Applicants State of Operation:

Date business established: Number of years under current ownership:

Website URL is: www.

- a) Are medical/health insurance benefits provided to employees? Yes No
b) Current number of: Permanent Employees Full Time Employees Part Time Employees
c) Indicate annual turnover rate: %
d) What is the average wage for employees in the governing class? \$ Yes No
e) Does the Applicant Haul Hazardous Materials/Waste? If Yes, describe: Yes No Miles
f) What is the Radius of Operation? Miles
g) Is the Applicant a Union Operation? Yes No
h) Are Vehicles equipped with Back Alarms? Yes No
i) Are regular Vehicle Inspections conducted & documented? Yes No
j) Are any drivers under the Age of 25? Yes No

Business Operations (check all that apply)

- Residential Waste Hauling Commercial Waste Hauling Construction Waste Hauling
Hazardous Waste Hauling Medical Waste Hauling Landfill Operation
Recycling Center

Please indicate where your employees perform their work:

- Residential % Commercial % Construction %
Hazardous % Medical % Corporate offices %

Please specify if other:

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**2. RESIDENTIAL HAULERS:**

- a) What percentage of the collection is by manual methods (employees lift barrels)? \_\_\_\_\_%  
If manual collection, is there a collection Team on each truck?  Yes  No
- b) Are Standard Residential Containers Required?  Yes  No
- c) Are weight restrictions in place & enforced?  Yes  No
- d) Radius of Operation: Less Than 35 miles \_\_\_\_\_% 36 to 50 miles \_\_\_\_\_% Over 50 miles \_\_\_\_\_%
- e) Are Riding Steps Used?  Yes  No If Yes, are they self cleaning & slip resistant?  Yes  No
- f) Does the applicant provide separate manually lifted bulk item pick-ups?  Yes  No
- g) Home Many Collectors \_\_\_\_\_
- h) How Many Trucks \_\_\_\_\_
- i) Total Non Clerical Employees \_\_\_\_\_

**3. COMMERCIAL HAULERS:**

- a) What percentage is roll-off or front end pick up compared to manual collections:  
< 70% automated \_\_\_\_\_ 70 to 90% automated \_\_\_\_\_ >90% \_\_\_\_\_
- b) Radius of Operation: Less than 50 miles \_\_\_\_\_% 50 to 100 miles \_\_\_\_\_% Over 100 miles \_\_\_\_\_%
- c) Do Drivers tie-off tarps manually?  Yes  No
- d) Does the applicant require the dumpsters to be in a accessible location?  Yes  No
- e) Does any of the collection occur at night?  Yes  No
- f) Does the applicant provide separate manually lifted bulk item pick-ups?  Yes  No
- g) Home Many Collectors \_\_\_\_\_
- h) How Many Trucks \_\_\_\_\_
- i) Total Non Clerical Employees \_\_\_\_\_

**4. RISK MANAGEMENT AND SAFETY PROGRAMS**

- a) Are independent contractors required to carry their own workers' compensation insurance?  Yes  No
- b) Are copies of the insurance certificates obtained annually and kept on file?  Yes  No
- d) Do all employees have at least three years minimum over the road experience?  Yes  No
- e) What is the average radius that employees drive during the work day? \_\_\_\_\_ miles
- f) Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job?  Yes  No
- g) Is a formal safety program in place?  Yes  No
- h) If a formal safety program is in effect, please indicate applicable elements:  
 Driver Safety Programs  Accident/Injury Investigation  New Employee Orientation  
 Safety Committee  Material Handling/Back Injury Prevention  Blood Borne Pathogen  
 Safety Incentive Program  Performance Evaluations include safety  Personal Protective Gear Provided  
 Regular Formal Safety Training Conducted  
 Management involvement in safety (describe below if checked)

**Hiring Practices:**

Check the following boxes to indicate screening measures that are applied to prospective employees (note: some are post offer)

- Reference Check  Validate Work History  Personal Interviews
- Drug Testing/Screening  Criminal Background Check  Verification of Certifications/Licenses
- Post-Offer Physicals  Child Abuse Clearance  Psychological Testing

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**Claims Management:**

- a) Is there a designated person to manage workers' compensation claims?  Yes  No
- b) Is there a formal Return to Work/Modified Duty Program in place?  Yes  No
- c) Have detailed light duty job descriptions been developed?  Yes  No
- d) Has a relationship been established with a preferred medical provider  Yes  No

**3. INSURANCE INFORMATION**

- a) Has the applicant had continuous WC coverage for the past 2 years?  Yes  No
- b) Has the applicant's WC insurance been cancelled for nonpayment within the last 3 years?  Yes  No
- c) Has the applicant's WC been cancelled for Underwriting Reasons, other than carrier appetite change?  Yes  No
- d) Is the applicant's current WC insurance provided through an Assigned Risk Plan?  Yes  No
- e) Does the applicant supply any workers to other employers on a temporary or permanent basis?  Yes  No
- f) Are all the applicant's operations (exclusive of monopolistic states) being submitted?  Yes  No

*This information is accurate and complete to the best of my knowledge and represents the operations and exposures of the above noted applicant.*

Applicant Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

**PMC Insurance Group**  
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