**Waste Hauler**
**Commercial Auto Supplemental Questionnaire**

Please provide the Owner(s) Names and Percentage of Ownership for each Operations of Entity.

Named Insured:

Percentage of Ownership:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Add additional as needed.)

**Hauling Information**

1. Please indicate percentages for each (total to equal 100%) that apply. Hauling is provide to:
Recycling Centers:

Transfer Stations:

Material Recovery Facility:
Commercial or Industrial Collection:

Landfills:

Other:

2. Total Number of Customers:

3. Total Number of Containers:

4. Construction & Demolition (C&D):

Number of Customers:

Number of Containers:

5. Residential Collection:

Number of Customers:

6. Please provide the percentages that hauling is from:

Municipal Collection (not operated by a private company):
Contract Collection (Municipalities operated by a private company):
Private Collection (residential or private business):

7. How frequent are your scheduled pick-ups (daily, weekly, etc.):

8. Do you transport or haul goods for others? Yes     No
If yes, please describe what is hauled, how often, and the payroll associated with these operations:

**Radius of Operations**

9. Do you exceed 100 mile radius? Yes     No
If yes, for what purposes:
How often:

How many Vehicles:

Vehicle type:

**Territory of Operations**

10. Please provide indicate percentages (total to be 100%) for each that apply.
Metro (i.e.: NYC):

Suburban:
Urban:

Rural:

11. Do you haul interstate or intrastate? Yes     No

If yes, please provide all states of operations:

12. Please list all towns and city that you have contracts in:

13. Do you haul between transfer stations to landfill? Yes     No

If yes, Name of City, State of transfer station or landfill:

**Subcontracted Work** (Please provide a copy of the contract(s) in place.)

14. Are there sub-contracted Operations? Yes     No

If yes, please advise specifically what is sub-contracted:

15. What are the sub-contracting costs for the upcoming year?

16. Do your subs name you as an AI on their policy? Yes     No

17. Do subs to carry limits equal to or greater than you? Yes     No

18. Do you obtain Certificates of Insurance to confirm? Yes     No

**Additional Operations**

19. Any other operation(s) other than waste hauling? Yes     No

If so, please describe and provide revenue amount(s):

20. Do you own or operate a landfill or incinerator? Yes     No

21. Do you own or operate a waste treatment or disposal facility? Yes     No

22. Do you haul liquid waste? Yes     No

23. Do you have waste to energy operations? Yes     No

24. Do you haul biohazard or medical waste? Yes     No

If yes, please describe:

**Hiring Practices**
25. Do any employees work from home? Yes     No

26. Are criminal background checks performed? Yes     No

27. Is a CDL license required? Yes     No

28. Does orientation include a review of safety? Yes     No

29. What is your minimum number of years of experience required?

30. Are written applications used? Yes     No

31. Are reference checks performed? Yes     No

32. Is MVR screening criteria in place prior to hiring? Yes     No

33. Is there a new hire orientation program? Yes     No

34. What is your driver age minimum?

35. Number of employees under the age of 18 or over 65:

Full Time:       Part Time:

36. Is any leased, volunteer, or temporary labor used? Yes     No
If so, please provide details:

37. Are drivers: Union       Non-Union

38. Do your driver hiring procedures require:
Written test? Yes     No

Road test? Yes     No

Physical drug/substance test? Yes     No

**Safety and Controls**

39. Do you have a formal written safety program? Yes     No

40. Written rules with sign-off of receipt by driver? Yes     No

41. Accident kit including camera in each truck? Yes     No

42. Vehicle location/GPS tracking of trucks? Yes     No

43. Specific policy on backing up and route deviations? Yes     No

44. Planned and scheduled routes with all trucks to reduce stops? Yes     No

45. Safety meetings with all employees? Yes     No

46. Load securement guidelines? Yes     No

47. Pre-emergency and training with fire department? Yes     No

48. Tarping policy? Yes     No

49. Shadow/follow drivers without their knowledge? Yes     No

50. Sonar alerts on vehicles Cameras? Yes     No

51. Backup Alarms? Yes     No

52. Drive Cameras? Yes     No

53. Where are the vehicles garaged?

54. Describe the security features of where the vehicles are garaged:

55. Do you have a cell phone use policy? Yes     No

If yes, please describe:

56. Are family members allowed to drive any of the vehicles? Yes     No

57. What is your personal vehicle use policy?

58. Describe equipment on vehicles (back up alarms, video monitors, reflective tapes, etc.):

**Driver/MVR Procedures**

59. What is your ratio of drivers to power units?

If ratio is NOT one driver to one unit, please explain why:

60. Is there a disciplinary process for drivers of multiple accidents? Yes     No

60. Does the disciplinary process include termination? Yes     No

62. Are MVR records pulled periodically on all drivers? Yes     No

If yes, how often:

63. What is done if a driver is not acceptable?

64. Are all employee files (including drivers) maintained according to DOT standards?

Yes     No
If no, explain why:

65. How are files maintained: Electronically     Paper

66. What is your driver criteria?

67. Are mid-term driver additions submitted to your insurance agent and/or carrier?

Yes     No

**Training**

68. Is a training manual used? Yes     No     (If yes, please attach a copy.)

69. How many days of training prior to being placed in a cab?

70. How many days accompanied on route by a supervisor or experience driver prior to driving solo?

71. Do you shadow/follow new drivers without their knowledge? Yes     No

**Maintenance**

72. Do drivers perform written pre and post trip inspections? Yes     No

(If yes, please attach a sample of the form used.)

73. Who services your fleet and what is their experience?

(Please attach a copy of the mechanic vehicle fleet system form.)
Physical address of maintenance facility:

74. How often is your fleet inspected?

75. Who inspects the fleet and what qualifications does this person have?

76. Are all vehicle maintenance files within DOT standards? Yes     No

If yes, DOT number:

77. How are files maintained: Electronically     Paper

78. How often are your vehicles serviced (i.e.: daily, monthly, as needed)?

79. Do you have spare vehicles? Yes     No

If yes, how many?
How often are they utilized?

How is usage tracked?

80. Do you monitor your CAB Scores?

81. Do you have any “Out of Service” Violations? Yes     No
If so, please provide details and advise what the corrective action is on a separate piece of paper.

**Auto**

82. Is Primary and non-contributory wording desired? Yes     No

83. Do you have any “home-made” trailers? Yes     No

84. Is MCS-90 needed? Yes     No
If yes, please provide MC# and explain why:

85. Are you required to make filings with federal, state, or local authorities? Yes     No

Type of filing(s):

**Large Loss History**

86. Has the insured had any losses greater than $25,000 in the past five years? Yes     No
If yes, please provide details for any loss separately as well as what has been put in place to mitigate a reoccurrence:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please type or print):

Date: