



Insurance Protection for the Recycling Industry

Recycle-Pro Insurance
P.O. Box 8357
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Offered Exclusively by Hibbs-Hallmark & Company

Salvage Yard Questionnaire

Named Insured: _____

Website: _____

GENERAL OPERATION

Total Annual Gross Receipts \$ _____

Percentage of Annual Gross Receipts From:

Used Auto Parts _____% New Auto Parts _____% Scrap Metal _____%

Rebuilder Sales _____% Engine or Transmission Rebuilding _____%

Installation or Mechanical Work _____% Auto Storage _____%

Used Car Sales (Driveable) _____% Towing _____% Other _____%

Are any autos repaired and returned to service? Y N If yes, please provide details _____

Please describe any warranties provided on products sold _____

Are any other recyclables accepted? Glass Y N

Cardboard/Paper Y N Yes, details _____

Tires Y N Yes, details _____

Plastic Y N Yes, details _____

Number of full time employees _____ Part time _____

Number of full time drivers _____ Number of active owners _____

UNDERWRITING INFORMATION

Crushing:

Is any crushing being performed by the insured? Y N

If crushing is being performed by a contractor, are certificates of insurance obtained? Y N

Hauling:

Do wrecked autos arrive by the insured's vehicles? Y N

What is the percentage of wrecked auto's arriving on Insured's vehicles? _____%

Does the insured haul away dismantled vehicles? Y N

How high are vehicles stacked? _____ # of vehicles

How is the load specifically secured for transit? _____

Are flammables stored in approved containers/cabinets? Y N

Are certificates of insurance obtained from firms disposing of hazardous materials? Y N

Are customers allowed in the yard? Y N

If yes, are they ALWAYS accompanied by an employee? Y N

Are customers allowed to pull their own parts? Y N

Describe aisle space in the yard: _____

Describe how weeds are controlled: _____

Are all tires stored at least 200 feet away from ALL buildings? Y N

Quantity of tires: _____ Frequency of tire disposal: _____

Parts:

Are parts quality checked for flaws prior to sale? Y N

Is insurance coverage being requested for stock or inventory? Y N

Autos:

Number of Dealer Plates: _____

Number of Driveable or Rebuilder Cars sold per year: _____

Are cars sold "as is"? Y N

Specifically describe any exposure to racing or stunt events: _____

Used Auto Parts:

Limit of insurance: \$ _____

_____ % of limit is stored inside a building.

_____ % of limit is stored out in the pen.

Provide description of used auto part inventory. _____

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Describe how the value of the used parts were determined. (e.g. scrap value, market value): _____

Describe how the limit of insurance was determined. What type of inventory system is used? (automated, manual) _____

Where and how are the stock of parts stored and safeguarded? _____

Is employee on duty trained in hazardous waste identification? Y N
Are materials tested for hazardous substances? Y N
Are radiation detectors used? Y N If so, what type and how often?

Property Protection:

Is facility fully fenced? Y N Lighted? Y N Gated? Y N
Locked after hours? Y N
Security? ___ Alarm System ___ What type? _____
Surveillance cameras ___ Motion Detectors ___ Fence alarm ___
Security Guard(s) ___ Dog(s) ___ Other _____

Torching/Welding done away from buildings, machinery and public? Y N
Describe: _____

Is there private fire protection or water tenders for processing equipment in the yard? Y N If yes, **describe:** _____

Are any shipments made by rail? Y N Do you have a side track? Y N

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Safety:

Formal safety program? Y N If possible, please provide a copy.

Who administers the program: Designated Safety/Loss Control Mgr _____

Yard Mgr_____ Owner/Officer_____ Other_____

Regular safety meetings? Y N How often? _____

Have you ever or do you use an independent safety consultant? Y N If yes, how often and for what areas? _____

Are certificates of insurance required from all sub contractors? Y N

If no, please explain why not. _____

Is scrap material accepted from the general public (walk ins)? Y N

If so, is there a controlled drop-off area on premises? Y N

Is area supervised by an employee? Y N

Do you accept full bins, truck or container loads from others? Y N

Are those drivers directed to designated off-load area by an employee? Y N

Please describe procedure: _____

Other operations:

Smelting Y N Incinerator Y N Co-generation Y N

Landfill Y N Have you ever operated as a landfill? Y N If yes to any, please explain: _____

Do you place collection bins/containers on premises of others? Y N If yes, approx number at any given time? _____

Is there any other offsite work, such as demolition, wrecking, dismantling or salvage operations? Y N If yes, describe: _____

Do you provide any other refuse services? Y N

If yes, details: _____

AUTOMOBILE

Do you comply with US DOT and State specific safety standards? Y N

Describe your driver hiring procedure: _____

Describe your new driver training procedure: _____

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Do you pull MVR's on all drivers? Y N How often? _____

What are your MVR guidelines? _____

What action is taken on a poor MVR? _____

Do all commercial drivers have CDLs? Y N _____

Are drivers trained in hazardous waste identification? Y N

Do you have a post accident investigation policy? Y N Perform random
and/or post accident drug/alcohol testing? Y N

Do you require any ICC filings? Y N If yes, please explain: _____

Do you tarp or otherwise enclose loose material you transport? Y N

Are all vehicles on the application titled to the Named Insured? Y N

Are pre and post trip inspections done on commercial vehicles? Y N

Do you have a vehicle maintenance program in place? Y N

Do you have an employed mechanic? Y N

Is any servicing done "in house"? Y N If yes, describe? _____

Please describe and include frequency of service: _____

Who performs major repairs? _____

What is the typical radius of operation of **commercial** vehicles?

0-50 miles___ 51-200 miles___ 201 miles or greater___

Are family members permitted to drive company vehicles? Y N

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

If you have a written driver training, safety and/or vehicle maintenance program that answers any of the questions above, please attach a copy in lieu of answering those questions above.

INLAND MARINE

Do you require verification of training or provide training for equipment operators?

Y N If yes, please detail: _____

Are all crane operators certified? Y N

Are hydraulic and other fluids stored in approved containers and away from flammables? Y N

How often is equipment inspected? _____

Who does the inspection? _____ Are records kept of the inspections and any maintenance/repairs done to the equipment? Y N

Do you ever lease equipment from others, with or without operator? Y N

If yes, describe: _____

If leased with operator, are credentials verified? Y N

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

If yes, list equipment and provide annual revenue: _____

PART VI - VERIFICATION	
Name of person completing this form (PLEASE PRINT)	
Title	Company or Agency Name
City, State, Zip	
E-mail Address	
Signature	Phone Number with Area Code ()

WARNING: Virginia law requires 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 of the foregoing questions truthfully and completely.

Recyclers Survey

1) Does the facility utilize a shredder comprised of hammers rotating on a shaft? _____

2) Does this facility utilize a shear/guillotine? _____

3) Does this facility have any balers? _____

a. If no to any of the above questions, please describe the process of disassembling metal products. _____

4) What is the size of the motor driving the shredder/shear or baler? What type of motor? (DC, Synchronous etc.) _____

5) Is the motor coupled directly to the shredder/shear or baler, or is a gear reducer used? If gears are used, please provide the size, and maintenance practices. _____

6) What other equipment is present at the facility that is critical to operations? _____

7) Are there spares kept on site for critical equipment such as hammers, rotor, gears, motor etc? _____

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8) What contingencies are in place if the shredder/shear or baler fails? Does production stop, or is there a plan to continue manually or outsource? _____

9) What are the ages of the above mentioned equipment? _____

10) Is the rotor or hammers subject to periodic non-destructive testing? Please describe. _____

11) What type of maintenance does the motor receive? (Insulation resistance testing, Polarization index testing etc) _____

12) Please describe any mechanical or electrical equipment failures in the past 5 years. _____

13) Are metals screened for radioactive materials? _____

14) Are electromagnetic cranes used at the site? Please describe the size, and maintenance practices. _____
