www.pmcinsurance.com
info@pmcinsurance.com
(877) PMC-COMP

Waste Hauler Supplemental Application
Workers' Compensation

I. 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", provide names and types of operations managed and owned: _____

List the applicant's state of operation: _____

Date business established: _____ Number of years under current ownership: _____

Website URL: www. _____

Are medical/health insurance benefits provided to employees? ☐ Yes ☐ No

Current Number of Employees: Permanent: _____ Full Time: _____ Part Time: _____

Indicate annual turnover rate: _____ %

What is the average wage for employees in the governing class? $: _____

Does the applicant haul hazardous waste/materials? ☐ Yes ☐ No
If "Yes", please describe: _____

What is the radius of operation? _____ miles

Is the applicant a union operation? ☐ Yes ☐ No

Are vehicles equipped with black alarms? ☐ Yes ☐ No

Are regular vehicle inspections conducted and documented? ☐ Yes ☐ No

Are there any drivers under age 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

II. RESIDENTIAL HAULERS:

What percentage of the collection is by manual methods (employee lift barrels)?: _____ **%**
If manual collection, is there a collection team on each truck? ☐ Yes ☐ No

Are standard residential containers required? ☐ Yes ☐ No

Are weight restrictions in place & enforced? ☐ Yes ☐ No

Radius of operation: < 35 miles: _____ % 36-50 miles: _____ % > 50 miles: _____ %

Are ride stops being used? ☐ Yes ☐ No
If "Yes", are they self-cleaning and slip resistant? ☐ Yes ☐ No

Does the applicant provide separate manually lifted bulk item pick ups? ☐ Yes ☐ No

How many collectors? _____
How many trucks? _____
Total non-clerical employees: _____

III. COMMERCIAL HAULERS:

What percentage is roll-off or front-end pick up compared to manual collections?
☐ < 70% automated ☐ 70%-90% automated ☐ >90% automated

Radius of operation: < 50 miles _____ % 50-100 miles _____ % > 100 miles _____ %

Do drivers tie-off tarps manually? ☐ Yes ☐ No

Does the applicant require the dumpsters to be in a accessible location? ☐ Yes ☐ No

Does any of the collection occur at night? ☐ Yes ☐ No

Does the applicant provide separate manually lifted bulk item pick-ups? ☐ Yes ☐ No

How many collectors? _____
How many trucks? _____
Total non-clerical employees: _____

IV. RISK MANAGEMENT AND SAFETY PROGRAMS:

Are independent contractors required to carry their own workers' compensation insurance? ☐ Yes ☐ No

Are copies of the insurance certificates obtained annually and kept on file? ☐ Yes ☐ No

Do all employees have at least three years minimum over the road experience? ☐ Yes ☐ No

What is the average radius that employees drive during the work day? _____ miles

Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job? ☐ Yes ☐ No

Is a formal safety program in place? ☐ Yes ☐ No
If "Yes", please specify applicable elements:

☐ Driver Safety Program ☐ Accident/Injury Investigation ☐ New Employee Orientation
☐ Safety Committee ☐ Patient Handling/Transfer Training ☐ Blood Borne Pathogen
☐ Safety Incentive Program ☐ Performance Evaluations Include Safety ☐ Combative Patient Training
☐ Regular Formal Safety Training Conducted ☐ Management involvement in safety (if checked, describe):

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

Claims Management:

Is there a designated person to manage workers' compensation claims? ☐ Yes ☐ No

Is there a formal Return to Work/Modified Duty Program in place? ☐ Yes ☐ No

Have detailed light duty job descriptions been developed? ☐ Yes ☐ No

Has a relationship been established with a preferred medical provider ☐ Yes ☐ No

V. INSURANCE INFORMATION:

Has the applicant had continuous WC coverage for the past 2 years? ☐ Yes ☐ No

Has the applicant's WC insurance been cancelled for nonpayment within the last 3 years? ☐ Yes ☐ No

Has the applicant's WC been cancelled for Underwriting Reasons, other than carrier appetite change? ☐ Yes ☐ No

Is the applicant's current WC insurance provided through an Assigned Risk Plan? ☐ Yes ☐ No

Does the applicant supply any workers to other employers on a temporary or permanent basis? ☐ Yes ☐ No

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

Name of Agent (please type or print)	**Signature**	**Date**

Name of Person Signing for Insured (please type or print)	**Signature**	**Date**