



Scrap Metal Dealers Questionnaire

1. Are any recyclables other than metals accepted? If yes, please explain.
2. Does the insured accept scrap material from the general public?

If yes, is there a separate, controlled area for public drop off?

Does the insured use hazardous material detectors/radiation detectors for all incoming and outgoing scrap?
3. Does the insured have any smelting or incineration operations?
4. Does the insured allow parts to be removed from scrap automobiles in their possession?
5. Does the insured resell any scrap as "used" goods?
6. Is the insured premise fully fenced?
7. Does the insured have security guards or guard dogs? If yes, explain.
8. Does the insured perform any torching or welding operations?
9. If yes, are these operations limited to a designated area specifically for this operation? Describe the controls in place during welding operations?
10. Please describe the insureds vehicle maintenance program.

11. Please describe the insureds driver selection and training/safety program.
12. Do you have an early return-to-work program? If not, will you agree to develop a program?
13. Do you have a back-up motor in the event of a breakdown?
14. Do you have a drug testing program in place?
15. Do all employees wear personal protective equipment at all times?
16. Does your operation include battery breaking?
17. Are all gas tanks perforated before accepting for recycling?
18. Any vehicles travel beyond a 150 mile radius?
19. Any offsite collection areas. If yes, please explain.
20. Any offsite salvage work performed? If yes, please explain.
21. Describe practices regarding the handling of automobile air bags.
22. Any curbside recycling operations?

IMPORTANT NOTICE:

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE ANY CONTRACT OF INSURANCE, BUT IT IS AGREED THAT THIS QUESTIONNAIRE WILL BE THE BASIS OF ANY INSURANCE CONTRACT, SHOULD A POLICY BE ISSUED.

THE UNDERSIGNED APPLICANT AGREES THAT ALL ANSWERS & STATEMENTS SET FORTH IN THIS APPLICATIONS ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS QUESTIONNAIRE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AGREEMENT TO BIND THIS INSURANCE.

THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE THE BASIS OF THE CONTRACT.

Insured's Signature:

Date:

Agent's Signature:

Date: