



Waste Management Questionnaire

Please only answer the section applicable to the insured's operations

Named Insured: _____ Effective Date: _____

How long has the broker known the insured? _____

Has the broker personally inspected the risk? Yes No

List the current carrier, policy number and **expiring premium**.

How long has the applicant been in business?

If the applicant has been in business less than three (3) full years, describe applicant's prior work history in the same industry.

Mailing address including postal code:

Description of operations/ nature of operations.

Provide details of any claims or losses.

Receipts for each operation:

PROPERTY

Risk address for each location including postal code:

Location 1: Number of stories:
 Area: square footage
 Year built:
 Occupancy:

Walls:

<input type="checkbox"/> Fire resistive	<input type="checkbox"/> NSFR	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry/ veneer	<input type="checkbox"/> Frame/ Other
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Roof:

<input type="checkbox"/> Steel deck	<input type="checkbox"/> Tar Paper	<input type="checkbox"/> T&G	<input type="checkbox"/> Metal	<input type="checkbox"/> Slate	<input type="checkbox"/> Tile
<input type="checkbox"/> Asphalt	<input type="checkbox"/> Wood shingles	<input type="checkbox"/> wood shakes	<input type="checkbox"/> Rubber	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other, describe

Floors:

<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Concrete	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry/ Veneer	<input type="checkbox"/> Frame/ Other
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Coverage Limits requested for this location:

Coverage	Limits	Deductible
	\$	\$
	\$	\$
	\$	\$
	\$	\$
CGL	\$	\$
	\$	\$
	\$	\$
	\$	\$

Location 2: Number of stories:
 Area: square footage
 Year built:
 Occupancy:

Walls:

<input type="checkbox"/> Fire resistive	<input type="checkbox"/> NSFR	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry/ veneer	<input type="checkbox"/> Frame/ Other
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Roof:

<input type="checkbox"/> Steel deck	<input type="checkbox"/> Tar Paper	<input type="checkbox"/> T&G	<input type="checkbox"/> Metal	<input type="checkbox"/> Slate	<input type="checkbox"/> Tile
<input type="checkbox"/> Asphalt	<input type="checkbox"/> Wood shingles	<input type="checkbox"/> wood shakes	<input type="checkbox"/> Rubber	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other, describe

Floors:

<input type="checkbox"/> Fire resistive	<input type="checkbox"/> Concrete	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry/ Veneer	<input type="checkbox"/> Frame/ Other
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Coverage	Limits	Deductible
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Renovations done? Please mention year and type of renovations.

Fire Protection:

<input type="checkbox"/> Portable Extinguishers	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Smoke & fire alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Monitoring Station (full)
<input type="checkbox"/> Monitoring Station (shared)	<input type="checkbox"/> Local Alarm	<input type="checkbox"/> None	<input type="checkbox"/> Other, describe	

Crime Protection:

<input type="checkbox"/> Doors- deadbolts	<input type="checkbox"/> Breakage resistant glass	<input type="checkbox"/> Windows – barred	<input type="checkbox"/> Windows – wire mesh
<input type="checkbox"/> Windows – glass breakage detectors	<input type="checkbox"/> Surveillance cameras	<input type="checkbox"/> Watchmen/ Security guards	<input type="checkbox"/> Guard dog
<input type="checkbox"/> Perimeter fence and lockage gate	<input type="checkbox"/> Property/ Lot illuminated at night	<input type="checkbox"/> Entrance visible from street	<input type="checkbox"/> Motion sensitive lighting

List other occupants/ tenants

Loss Payees

Does the applicant do any spray painting?

Yes No

If yes, are spray booths used? Yes No

How are the spray booths ventilated or otherwise protected?

Does the applicant store chemicals, solvents or flammable materials? Yes No

If yes, describe them:

LIABILITY

Number of employees:
Payroll:

Full time:

Part time:

Are employees covered by WCB? Yes No

Describe or attach any hold harmless, risk transfer or other contractual agreements entered into by the applicant.

Has the applicant assumed liability of others under any of the following?

- a. Lease agreements for signs/equipment? Yes No
- b. Contracts for electric power, steam, etc? Yes No
- c. Sidetrack agreements? Yes No
- d. Easement agreements? Yes No

Does the applicant employ subcontractors? Yes No

If yes, describe the work performed or provide a copy of the subcontractor's agreement:

Does the applicant require the subcontractor to provide certificates of insurance? Yes No

Does the applicant have any tanks or fueling facilities on premises? Yes No

'If "Yes," provide the following information on any Environmental Liability Impairment Policy:

Carrier, Policy number and effective date:

Does the applicant own, hire or lease any watercraft or aircraft?

Does the applicant have any contracts with any airports? Yes No
Is there any tarmac exposure? Yes No If yes, please provide details:

Has the applicant ever been cited by Environment Canada, or any other federal, provincial or local regulatory agency for:

1. Illegal or unlawful dumping of waste? Yes No If yes, explain:

2. For any other violations? Yes No If yes, explain:

Indicate the types of services provided by entering the percentage of total revenue generated by each:

SOLID WASTE

- Residential Collection %
- Industrial or Commercial Collection %
- Scrap Metal Collection (sorting or bailing) %
- Scrap Metal Processing (separation by chemical, smelting or other) %
- Auto wrecking/ dismantling %
- Recycling centre %
- Transfer Station Operation %
- Material Recovery Facility (MRF) %
- Waste Transfer %
- Special Waste Collection %
- Hazardous Waste Collection %
- Landfill Operation %
- Street Sweeping %
- Bin Repair for others %
- Bin Manufacturing %
- Service / Maintenance of others' vehicles %
- Tire Shredding %
- Composting %
- Mobile Document Shredding %
- Other (describe) %

LIQUID WASTE

- Portable Restrooms %
- Septic Tank / Cesspool Cleaning or Pumping %
- Septic Tank / Cesspool Inspection %
- Septic Tank / Cesspool Installation %
- Drainpipe Cleaning %
- Drainpipe Rehabilitation %
- Grease Trap Cleaning %
- Excavation or Backhoe type work %
- Plumbing %
- Contractor's Equipment Rental (other than Portable restrooms) %
- Other (describe) %

Does the applicant own or operate a **Portable Restrooms Services**? Yes No

If the applicant provided Liquid Waste Services answer the following:

Total number of Portable Restrooms

On an annual basis what percentage of portable restrooms are provided to:

1. Construction or Industrial job sites %
2. Special events or locations where the general public is present %

What percentage of portable restrooms are emptied to a Waste Treatment Facility %

Does the applicant do any Land Application? Yes No, If yes what percentage %

How are portable restroom units secured for transport?

Does the applicant own or operate a **Recycling Collection Centre, Transfer Station or Material Recovery Facility**? Yes No

If yes, answer the following:

ALL TYPES:

1. Enter the number of locations
 2. Is the facility used exclusively for the applicants' vehicles? Yes No
 3. If no what % of total is accepted from other haulers? %
 4. Is the facility one level or multi-level?
 5. Is the facility fenced and gated? Yes No
 6. Indicate days of operation (e.g. Mon-Fri)
 7. Enter hours of operation
 8. Does the client use above or below (sunken) ground containers or bins? Above Below Both
 9. Number of permanent employees?
 10. Number of Temporary employees?
 11. How many attendants are on duty to direct traffic?
 12. What is the total value of the attendant's tools, equipment and machinery? \$
 13. What is the replacement cost value of the single most expensive item? \$
 14. Does the applicant have signs listing acceptable / unacceptable material? Yes No
 15. Enter date of the last fire inspection
 16. Describe machinery and equipment maintenance program:
-
-
-
-

Recycling Collection Centre:

If the applicant owns or operates a Recycling Collection centre complete the following:

1. Does the applicant accept recyclables from the public? Yes No
If yes, what percentage of total recyclables collected is from the public %
2. Describe safety controls:

3. Describe types of materials accepted:

4. Describe the maximum amount of storage material allowed:

5. Describe the maximum length of time permitted for material storage:

6. Describe training for identification of hazardous material:

7. Describe premises fire protection:

8. Describe adjacent properties and indicate distance from applicants facility:

9. Average amount of cash on hand daily: \$

10. How often are receipts taken to the bank?

11. Is cash kept on premises overnight? Yes No Is there a safe on premises? Yes No

12. Class of the safe:

Transfer Station:

If the applicant owns or operates a Transfer Station complete the following:

1. Is the public permitted on the premises? Yes No
If yes how often does this occur?

2. Describe safety controls:

3. Describe types of materials accepted:

4. Describe the maximum amount of storage material allowed:

5. Describe the maximum length of time permitted for material storage:

6. Describe training for identification of hazardous material:

7. Describe premises fire protection:

8. Describe adjacent properties and indicate distance from applicants facility:

Material Recovery Facility (MRF):

If the applicant owns or operates a MRF complete the following:

1. Is the public permitted on the premises? Yes No
If yes how often does this occur?

2. Describe safety controls:

3. Describe types of materials accepted:

4. Describe the maximum amount of storage material allowed:

5. Describe the maximum length of time permitted for material storage:

6. Describe training for identification of hazardous material:

7. Describe premises fire protection:

8. Describe adjacent properties and indicate distance from applicants facility:

9. Are tours conducted for public groups? Yes No
10. If yes, how often does this occur?
11. Does the applicant follow lock out / tag out procedures at all times? Yes No

Document Shredding:

If the applicant owns or operates a Document Shredding Facility or performs mobile document shredding, complete the following:

1. Indicate ALL types of material shredded (Paper, Media, Plastic, Other etc)

2. What Percentage of applicants business is for shredding of:
 Medical records %, Financial Records %, Other confidential records %,
 Non-confidential records %
3. What percentage of shredding is performed at applicants' location? %
4. What percentage of customers deliver material to be shredded to the applicants' facility %
5. What percentage of shredding is done at the customers' location? %
6. What is the average number of customers serviced per day?
7. What percentage of customers are on regular service (more than a 1 time purge) %
8. What percentage of materials are recycled only (with no pre-shredding) %
9. Does the applicant perform criminal background checks on all employees who perform shredding?
 Yes No
10. Are all employees who do shredding bonded? Yes No
11. Does the applicant provide document storage? Yes No
12. What is the average monthly revenue? \$
13. What is the maximum liability stated on the warehouse receipt? (Attach copy) \$

Scrap Yard including auto wrecking/ dismantling and sales of used auto parts:

- 1. Does the insured accept cars in his scrap yard? Yes No
 - 2. Is the insured doing any auto dismantling/ removing parts on the cars? Yes No
If yes, please explain the work done on the cars
-
-

- 3. Does the insured offer any warranty or does any reconditioning of parts? Yes No
 - 4. Is the receipt stating that parts are sold "as is"? Yes No
 - 5. Any disclaimer/ sign stating that the parts are sold "as is"? Yes No
 - 6. What percentage of revenues is from the sales of used auto parts? %
 - 7. What percentage of revenue is generated from USA sales? %
 - 8. Are customers allowed in the scrap yard? Yes No
If yes, are they accompanied by an employee of the insured? Yes No
Are customers wearing any type of protective equipment, please describe:
-
-

- 9. Is the customer allowed to handle the parts himself, even the heavy ones? Yes No
 - 10. Installation or repair offered by the insured or sub-contracted by the insured? Yes No
 - 11. What type of protection around the scrap yard site?
Gate? Yes No
Fence? Yes No
Light? Yes No
Other?
-
-

- 12. Is the insured doing the removal of fluids, air bag, batteries, fuel tanks etc. at his premises?
 Yes No
If yes, please give details on how are the waste fluids contained, where are they kept on the premises, how long are they kept and how are they disposed (who will be picking up the waste, is there a contract in place with third party) etc.?
-
-
-

- 13. Is the insured keeping the removed tires on the premises? Yes No
If yes, please give details on what is the amount of tires kept, how long are they kept, where are they kept (distance from building or any welding/cutting activities, are they outside/ inside, is it sprinklered) and who is coming to pick up the tires (is there a contract in place)?
-
-
-

14. Any pollution (EIL) policy in place? Yes No

15. Indicate days of operation (e.g. Mon-Fri):

16. Enter hours of operation:

17. Does the client use above or below (sunken) ground containers or bins? Above Below Both

AUTOMOBILE

'This section is to be completed in addition to the applicable provincial applications, Commercial Vehicle Supplement, and the Auto Fleet Supplement

List total number of vehicles by type and indicate those fitted with safety equipment and those with limited usage														
	Total number of vehicles by type	How many are fitted with											How many are used	
		GPS	Rearview Camera	Battery Disconnect	Fender Spot Mirrors	Reflective Tape	Engine Monitoring	Lift Gate	Baffles	Back Up Alarms	Eye Wash Solution/ First Aid Kit	Fire Extinguishers	Two Days or less per week	As spares & less than 10 days per week
Front Loader		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Side Loader		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rear Loader / Packer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Roll off /Lugger/ Hook Lift		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recycle Truck		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Transfer Truck		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bin Trucks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Service Pickup		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mini-Packer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Private Passenger		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tank or Vacuum Truck		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Truck Tractor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Flat Bed Truck		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trailer – Dump		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trailer – Flat Bed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mobile Document Shredder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Attached equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$					On which vehicle?							
Enter the number of people employed by the applicant in each of the following categories and their annual payroll														
	Total #	Annual Payroll						Total #	Annual Payroll					
Drivers		\$					Drivers' Helpers		\$					
Mechanics		\$					Supervisory Staff		\$					
Office Staff		\$					Other (describe)		\$					
Total # of Drivers:														
How are drivers compensated										(By trip, per weight, per kilometer, Hourly, Salary, other)				
If other, Describe														

Does the applicant services their own vehicles Yes No If yes answer 1 – 4, if no answer 5 – 7

1. Describe types and frequency of vehicle maintenance work preformed

2. How many mechanics does the applicant employ?
3. How long are the maintenance reports retained (Pre-trip) (Post trip)
4. If less than 100% of is preformed by the applicant, answer questions 5-8 below

5. Who performs the vehicle maintenance work?
6. Describe types and frequency of vehicle maintenance work preformed

7. How long are the maintenance reports retained (Pre-trip) (Post trip)

Does the applicant provide any auto or equipment repair service to others? Yes No
 If yes, to whom

Is some of the annual revenue derived from work preformed on vehicles for others?

Does the driver selection process include:

Written application	<input type="checkbox"/>	Reference checks	<input type="checkbox"/>
Drug Testing	<input type="checkbox"/>	Road Test	<input type="checkbox"/>
Physical Exam	<input type="checkbox"/>	Polygraph Test	<input type="checkbox"/>
Other (describe)		Other (describe)	

Is there a requirement for prior experience driving the same vehicle type? Yes No

Does driver indoctrination include:

Review of company rules and policies	<input type="checkbox"/>	Daily vehicle inspection procedures	<input type="checkbox"/>
Equipment familiarization	<input type="checkbox"/>	Training for handling certain commodities	<input type="checkbox"/>
Route familiarization	<input type="checkbox"/>	Accident reporting procedures	<input type="checkbox"/>
Name of Safety Manager	<input type="checkbox"/>	Phone number of safety manager	<input type="checkbox"/>
Ride along with experienced driver	<input type="checkbox"/>	If yes, how long is ride along required	
Other (describe)		Other (describe)	

How often does the applicant obtain updated MVR's?

What are the applicant's standards for an acceptable MVR?

Does the applicant employ a safety manager? Yes No

If yes, if the safety manager is part-time, indicate % of time allotted to safety duties and describe other assigned duties:

Does the applicant hold safety meeting? Yes No If yes, How frequently and is attendance mandatory?

Indicate the type of safe driving incentives / devices utilized by the applicant			
Safety Awards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speed governors	<input type="checkbox"/> Yes <input type="checkbox"/> No
"How's my driving" bumper stickers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trip Recording	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel conservation bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (describe)	
Other (describe)		Other (describe)	

Describe the applicant's accident review procedure:

Does the applicant back haul for others? Yes No

If Yes, what % of hauls are back hauled?

_____ %

What commodities does the applicant back haul?

What percentage of hauls are back hauls?

_____ %

What is the applicants' total annual revenue from back hauling?

_____ \$

On what basis is the applicant paid for back hauls? (By trip, weight, per mile, hourly etc)

Does the applicant rent or lease vehicles from others without operators? Yes No

If yes,

From whom are they leased?			
How frequently?		For how long?	
Attach a copy of the agreement to the questionnaire.			
Indicate on the vehicle schedule which vehicles are rented / leased.			
If the applicant is required to name the lessor on the policy, indicate the required limits			
Does the lessor require proof of coverage from the applicant?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the applicant rent/ lease any contractor's equipment from others? Yes No

If yes, what is the limit: _____ How many times per year: _____ For how long: _____

If the applicant is or hired transfer / owner operators, choose one and complete the following:

The applicant IS a transfer / owner operator The applicant HIRES transfer / owner operators

Does the applicant have a company policy regarding non-business/personal use of company vehicles?

Yes No If Yes and the policy is written, attach a copy to application.

How is the policy communicated to employees?

Is vehicle storage lot fenced and locked at night? Yes No