

RecycleGuard

Supplemental Underwriting Information

Metal Processors

This must be completed prior to a quotation being released

Operations

Types of metal processed. Please indicate percent of receipts for each metal:		
% Iron / Steel	% Lead	% Manganese
% Brass	% Nickel	% Beryllium
% Copper	% Cadmium	% Chromium
% Aluminum	% Mercury	Other (specify):
% Stainless	% Titanium	

Based on the information above, please describe how the following metals are processed (e.g. collected, sheared, baled, shredded, torched,): Nickel, Lead, Cadmium, Mercury, Chromium, Stainless, Titanium, Manganese, Beryllium:

Do you operate any of the following?	
<ul style="list-style-type: none"> • Smelting Operation • Sweating 	<ul style="list-style-type: none"> • Melting Operation • Cogeneration / Incineration

If smelting or melting operations exist, what types of materials are being processed?		
<ul style="list-style-type: none"> • Steel • Iron • Brass 	<ul style="list-style-type: none"> • Stainless Steel • Lead • Aluminum 	<ul style="list-style-type: none"> • Copper Other:

Do you dismantle and / or recycle tanks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe how tanks are tested for residual contents:		

Equipment (other than auto shredders)

Attach a schedule of all production equipment, including value and age.		
Is there any homemade or custom made equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please describe:		
Is there a preventative maintenance program for equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please describe:		
How often is equipment inspected?		
How often are seals and hoses on equipment checked?		
How often are seals and hoses on machinery replaced?		
Who performs service on the equipment and what is their experience and training?		

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Are equipment operators trained in house?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
What is the average experience level (years) for equipment operators?				

Business Continuation

Is there a documented business continuation plan to resume operations in the event of equipment failure, fire or other event that shuts down the operation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please describe or attach a copy of the plan:				

Are there transformers on site?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, how many and who are they owned by?				
Please list the number of incoming electrical feeds:				
Is there backup power available?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Fire Protection

Are there cutting operations on site?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, where does the cutting take place, and what controls are in place to minimize uncontrolled fires:				
Where and how are flammables (including welding fuels) stored?				

Insured's Signature

Date

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