



Leo
Risk Services

2535 Landmark Drive
Suite 102
Clearwater, FL 33761
727-734-0040
www.leoriskserivces.com

Supplemental Application

1. Named Insured: _____
- 1a. Include all "DBAs": _____ FEIN: (if more than one entity, attach list) _____
2. Company Website Address: _____
3. Years in business: _____ *Submit resume of owner/manager if in waste industry less than 3 years.*
- 3a. Years of experience in waste management: _____
4. Any hauling of other than non-hazardous solid waste? ☐ No ☐ Yes ☐ If yes, describe: _____
5. Describe security at Garaging Location: _____
6. Operational territory: Urban: _____ Suburban: _____ Rural: _____
Local (0-50): _____ Intermediate (51-200): _____ Long Haul (over 200): _____
- 6a. Does the program exceed 75 mile radius? If so, please indicate:
Why: _____
How often: _____
How many vehicles: _____
7. Name your farthest destination (**Provide the specific name of the city or town**): _____
8. Hours of Truck Operations: _____
9. Type of Hauling based upon Gross Receipts (total Percentage must be equal to 100%)
 - _____ % Residential (route pickup from residential locations) % Mechanized _____ % Manual _____
 - _____ % Commercial (route pickup from established businesses)
 - _____ % Recycling Material _____ Sales of Recycling material to others.
 - _____ % C&D Waste What is the material breakdown of C&D? _____
 - _____ % Transfer Station to Landfill Are there any reuse product sales (doors, windows, etc.)? _____
 - _____ % Material Recovery Facility How Much? _____
 - _____ % Street Sweeping
 - _____ % Portable Toilets
 - _____ % Septic Hauling
 - _____ % Asbestos/ Other Please Describe: _____

Complete the following:

- Transfer Station Location: _____
 - Landfill Location: _____
- Distance from Garaging Location to Transfer Station and/or Landfill: _____ miles.

COMPLETE THE FOLLOWING ATTACHED PAGES (If not applicable, mark section N/A and return to us)

Information contained within this supplemental application and any of the designated attachments is specifically relied upon in determining insurability of your company. The undersigned/insured warrants the information contained herein is true and accurate to the best of his/her knowledge and belief.

Date

Signature of Owner/Executive Officer



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10. Are you required to make filings with federal, state or local authorities? _____ Filings required: _____ **Submit copies**

Are you required to make an MCS90 filing? _____ If yes, explain and provide copy of expiring MCS90.

MC#: _____ DOT#: _____ Other: _____

10a. Does the insured haul Intrastate or Interstate? _____

11. Total number of full time employees: _____ (Drivers, helpers, mechanics, yard workers, clerical)

12. Total number of part time employees: _____ (Drivers, helpers, mechanics, yard workers, clerical)

13. Do you ever use or hire Owner/Operators? ☐ Yes* ☐ No

**If yes, you must attach a sample copy of the Owner/Operator contract agreement used.*

13b. Do you use PEO or Day Labor? ☐ Yes ☐ No If yes, do you required proof of coverage for General Liability and Worker's Comp?
☐ Yes ☐ No

14. Employee pre-hire procedures used: ☐ Application ☐ MVR check ☐ Driving Test
☐ Written Test ☐ Pre-Employment Physical ☐ Employment Reference Check ☐ Drug Test

15. Do you maintain driver files in full compliance with DOT regulations? ☐ Yes No ☐

16. Describe training provided to all drivers prior to placement in vehicles for route servicing: _____

17. Do drivers perform written pre- & post-trip vehicle inspections? ☐ Yes ☐ No

18. Do you maintain DOT compliant service records on each vehicle? ☐ Yes ☐ No

19. Do you ever work on vehicles not owned by your business? ☐ Yes ☐ No

20. Minimum age and driving experience requirements? _____ ☐ Union ☐ Non Union

21. Do you own or operate a landfill or incinerator? _____

22. Do you perform demolitions? _____

23. Do you own or operate a waste treatment or disposal facility? _____

Company Policies, Procedures and Training Program

1. Do you have company safety meetings? If so, what is frequency? _____

2. Does a driver discipline program exist? If yes, please describe: _____

3. Is there an award program in place? If yes, please describe: _____

4. Written driver rules with receipt/sign-off by each driver? ☐ Yes ☐ No

5. Are GPS systems used in trucks? Yes ☐ No ☐

Does the GPS System record mileage? Yes ☐ No ☐ Does the GPS System record speed? Yes ☐ No ☐

6. How are driver files maintained? Paper? ☐ Electronically? ☐

7. How are fleet files maintained? Paper? ☐ Electronically? ☐



Supplemental Application (Page 3)

8. Are the following procedures in place?
(Check all that apply subject to below)

Formal = Must be in writing

Informal = Not in writing

Formal

Informal

Program/Procedure

☐☐

Company Work Rules

☐☐

Driver Training Program Safety

☐☐

Program/Meetings Driver

☐☐

Discipline Program Hazardous

☐☐

Waste I.D. Training Burning Load/

☐☐

Load Fire Training

9. Do you have a position/individual in charge of Safety/Risk Management?

☐ Yes

☐ No

If yes, who?

Who does this person report to?

(Name/Title)

(Name/Title)

10. Are vehicles equipped with any of the following?

(check all that apply)

☐

Auto-Tarp System on Roll-off Trucks

☐

Back Up Alarms

☐

Strobe Lights

☐

Video Monitors

☐

Battery Cut-Off Switches Automated Can

☐

Dumping Arm

☐

2-Way Radio

☐

Reflective Paint/Tape on Vehicle Side

☐

Accident kit/camera in each truck

10a. Storage of Vehicles:

☐

Open Lot

☐

Fenced

☐

Covered

If covered, how many in facility at one time? _____

Protection: ☐ Alarm System ☐ None

☐

Private Security

☐

24-hour Operation

Maximum Values at any one location: _____

11. Frequency of MVR checks after hire:

☐

Annual

☐

Semi-Annual

☐

After Accident

☐

Never

12. Indicate how many accidents/citations a driver would be allowed to have within a 36 month period before

taking the following actions:

_____ Warning

_____ Suspension

_____ Termination

13. What type of accident, occurrence, or major citation would result in immediate termination? _____

14. How do you compensate your drivers?

☐

Per Trip

☐

Hourly

☐

Salary

Wage level of drivers compared to other area companies:

Below ☐

☐ Average

☐ Above

15. What is your annual driver turnover? _____

16. Do you employ your own mechanics?

☐

Yes

☐

No

List Certifications: _____

17. Describe the vehicle maintenance program in effect including the type and frequency of service:

18. Physical Address of Maintenance Facility: _____

19. Do you have spare vehicles? _____ If so, how many? _____

20. How often are they utilized? _____ How is usage tracked? _____



Loaned & Leased Vehicle Supplement (Page 4)

1. Do you or have you ever leased or loaned vehicle to another?

☐ Yes ☐ No

If yes, please explain:

2. Have you hired/leased vehicles on your behalf during the past 12 months?

☐ Yes ☐ No

a) How many times?

b) Cost?

c) Usage?

3. Are you required to provide insurance coverage under your lease agreement?

☐ Yes ☐ No

4. Are you currently leasing vehicles that are not specifically listed on the application?

☐ Yes ☐ No

(If yes, provide number of vehicles and description)

Number of leased vehicles:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

(if more space needed, please attach separate schedule)



Personal Use -Supplement (Page 5)

1. Advise if any of following are allowed to use company-owned vehicles for personal use:

- ☐ Owner/Executive Officers ☐ Managers ☐ Salesmen ☐ Supervisors ☐ Others

Please list all units for which personal use is permitted:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

2. Do employees take vehicles home at night? ☐ Yes ☐ No (If yes, please provide location where parked)

1. _____
2. _____
3. _____
4. _____
5. _____

3. What are the Company rules governing the Personal Use of company-owned vehicles by the above personnel? _____

4. Does the company have a written policy for taking vehicles home at night? ☐ Yes ☐ No
(Please attach copy of policy if answer is yes)

5. Are family members of above ever allowed to operate? ☐ Yes ☐ No If yes, please explain:

6. Please list any family member allowed to operate units (Currently dated MVR for family members required)

1. _____
2. _____
3. _____
4. _____
5. _____



Transfer Station/Recycling Center (Page 6)

Transfer Station: ☐ Owned ☐ Operated ☐ N/A

1. If operated only, who owns the facility? _____
2. Is it used by: Other Haulers? _____ By the Public? _____
3. Is the facility fenced/gated? ☐ Yes ☐ No Locked? ☐ Yes ☐ No
4. Is there a Spotter/Traffic Attendant on duty to supervise? ☐ Yes ☐ No Full-time? ☐ Yes ☐ No
5. Is public traffic kept separate from hauler traffic? ☐ Yes ☐ No
6. What type of dumping method is used? Floor ☐ Pit ☐ Other? _____
7. How many vehicle bays are there? _____
8. What type of public fire protection is at the premises? _____
9. What type of private fire protection is on the premises? _____
10. Indicate the type of building construction for all buildings at the site: _____
11. What is the square footage of the entire site? _____
12. What are the total annual receipts generated at this site? _____
13. What are the adjacent exposures to this site? _____
14. Do you have a written safety program on pollutant handling? _____

ATTACH DIAGRAM OF FACILITY SHOWING BUILDINGS, TRAFFIC FLOW, ETC.

Recycling Center: ☐ Owned ☐ Operated ☐ N/A

15. If operated only, who owns the facility? _____
16. Is it used by: Other Haulers? _____ By the Public? _____
17. Is the facility fenced/gated? ☐ Yes ☐ No Locked? ☐ Yes ☐ No
18. Is there a Spotter/Traffic Attendant on duty to supervise? (2) ☐ Yes ☐ No Full-time? ☐ Yes ☐ No
19. Is public traffic kept separate from hauler traffic? ☐ Yes ☐ No
20. What type of dumping method is used? Floor ☐ Pit ☐ Other? _____
21. How many vehicle bays are there? _____
22. What type of public fire protection is at the premises? _____
23. What type of private fire protection is on the premises? _____
24. Indicate the type of building construction for all buildings at the site: _____
25. What is the square footage of the entire site? _____
26. What are the total annual receipts generated at this site? _____
27. What are the adjacent exposures to this site? _____
28. Do you have a written safety program on pollutant handling? _____

ATTACH DIAGRAM OF FACILITY SHOWING BUILDINGS, TRAFFIC FLOW, ETC.