



COVERAGE @ WORK™

## Salvage/Recycling/Garbage/Refuse EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

<b>Completed By:</b>	<b>In addition to the supplemental information, please attach the following, if applicable:</b> <ul style="list-style-type: none"><li>• 3 to 5 Year Currently Valued Loss Runs</li><li>• Associated Premium Figures</li><li>• Experience Rating Worksheet</li></ul>
<b>Title:</b>	
<b>Date:</b>	

General Information and Operations														
<b>Company Name:</b>	<b>FEIN:</b>													
<b>Number of years experience in this industry:</b>	<b>Number of years managing in this industry:</b>													
<b>Business Operations:</b> (Please Check All That Apply) <table><tr><td><input type="checkbox"/> Auto Dismantling</td><td><input type="checkbox"/> Junk Dealer</td><td><input type="checkbox"/> Septic Tank Cleaning</td></tr><tr><td><input type="checkbox"/> Auto Recycling</td><td><input type="checkbox"/> Mobile Document Destruction</td><td><input type="checkbox"/> Scrap Metal Dealer</td></tr><tr><td><input type="checkbox"/> Garbage/Refuse Collection *</td><td><input type="checkbox"/> Recycling Center*</td><td><input type="checkbox"/> Tank Recycle/Dismantle</td></tr><tr><td><input type="checkbox"/> Iron Scrap Dealer</td><td><input type="checkbox"/> Rubber Stock Dealer</td><td><input type="checkbox"/> Other: _____</td></tr></table> <p>* Note: If box is checked, please complete the associated section of the EZ Quote form.</p>			<input type="checkbox"/> Auto Dismantling	<input type="checkbox"/> Junk Dealer	<input type="checkbox"/> Septic Tank Cleaning	<input type="checkbox"/> Auto Recycling	<input type="checkbox"/> Mobile Document Destruction	<input type="checkbox"/> Scrap Metal Dealer	<input type="checkbox"/> Garbage/Refuse Collection *	<input type="checkbox"/> Recycling Center*	<input type="checkbox"/> Tank Recycle/Dismantle	<input type="checkbox"/> Iron Scrap Dealer	<input type="checkbox"/> Rubber Stock Dealer	<input type="checkbox"/> Other: _____
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<b>Please select the method of debris/refuse collection and the percentage of each operation.</b> <input type="checkbox"/> Mechanized _____% <input type="checkbox"/> Manual _____%														
<b>Is radioactive material accepted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No * Please note: Radioactive exposure is excluded from NM Mutual's risk appetite.														
<b>Is demolition performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what is the percentage?</b> _____% * Please note: If demolition encompasses more than 10% of all operations, the account is excluded from NM Mutual's risk appetite.														
<b>List states/countries traveled to, how often and percentage of revenue for each state/country:</b> <table><thead><tr><th>State/Country</th><th>Frequency of Travel (Per Month)</th><th>Percent of Revenue by State/Country</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			State/Country	Frequency of Travel (Per Month)	Percent of Revenue by State/Country									
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<b>What is the radius of operations:</b> Usual: _____ miles    Maximum: _____ miles														

## Employees

**How many employees are on staff:** Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**How are employees paid?**

(Please Check All That Apply):

☐ W-2' S      ☐ 1099's      ☐ Cash      ☐ Other: \_\_\_\_\_

**What percent of the work is subcontracted?** \_\_\_\_\_%

**If subcontractors are used, are certificates of insurance obtained?** ☐ Yes ☐ No

\*Please note: Premiums must be paid on uninsured subcontract labor \*

**If certificates are not obtained, what amount of payroll should be added for contract labor?**

- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_

**Please check all hiring practices utilized by the policyholder:**

- |   |   |
|---|---|
| <input type="checkbox"/> Applicant Interviews   | <input type="checkbox"/> Post-Offer Physicals     |
| <input type="checkbox"/> Background Check       | <input type="checkbox"/> Reference Checks         |
| <input type="checkbox"/> Drug Testing/Screening | <input type="checkbox"/> New Employee Orientation |
| <input type="checkbox"/> Medical Questionnaires | <input type="checkbox"/> Other: _____             |

**How many drivers have the following years of experience?** ☐ N/A

- Less than one year experience \_\_\_\_\_
- 1-3 years experience \_\_\_\_\_
- 3-5 years experience \_\_\_\_\_
- Greater than 5 years experience \_\_\_\_\_

**Are CDL licenses required?** ☐ Yes ☐ No      **If yes, are they verified annually?** ☐ Yes ☐ No

## Auto Salvage Operations

**Materials Accepted:**

(Please Check All That Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Antifreeze/Oil | <input type="checkbox"/> Salvaged Vehicles |
| <input type="checkbox"/> Auto Parts     | <input type="checkbox"/> Tires             |
| <input type="checkbox"/> Batteries      | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Glass          |  |

**Is the applicant Certified in Automotive Recycling (C.A.R)?** ☐ Yes ☐ No

<b>Are employees properly trained in the removal of mercury switches and airbags?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is there any wrecking or dismantling work performed off site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Who is responsible for transporting the autos to/from the applicant's location?</b> <input type="checkbox"/> Employees <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other: _____			
<b>Are towing services provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, is towing offered to the public?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is towing offered 24/7?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What is the maximum height vehicles are stacked/stored?</b> _____ feet			
<b>Are auto salvaged parts sold?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, who is responsible for pulling the parts?</b> <input type="checkbox"/> Employees <input type="checkbox"/> Customers			
<b>If applicable, select the distribution method and associated percentage of auto part sales.</b> <input type="checkbox"/> Wholesale _____% <input type="checkbox"/> Retail _____% <b>Does employees deliver auto parts to customers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>Are auto repair/painting operations performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do the employees work in open pits, use lifts, and/or jacks while repairing vehicles?</b> <input type="checkbox"/> Open Pits <input type="checkbox"/> Lifts <input type="checkbox"/> Jacks/Hand Jacks <input type="checkbox"/> Other: _____			
<b>Are welding/torching operations performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, are the operations performed in a separate and restricted area?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Recycling Operations</b>			
<b>Materials Accepted:</b> (Please Check All That Apply)			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Aluminum  <input type="checkbox"/> Appliances  <input type="checkbox"/> Barium  <input type="checkbox"/> Brass  <input type="checkbox"/> Cardboard  <input type="checkbox"/> Construction Materials  <input type="checkbox"/> Copper  <input type="checkbox"/> Cylinder Tanks  <input type="checkbox"/> Electronics           </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Glass  <input type="checkbox"/> Lead Paint  <input type="checkbox"/> Magnesium  <input type="checkbox"/> Nickel  <input type="checkbox"/> Oil/Antifreeze/Freon  <input type="checkbox"/> Pallets/Crates  <input type="checkbox"/> Paper  <input type="checkbox"/> Plastic           </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Rubber  <input type="checkbox"/> Steel/Iron  <input type="checkbox"/> Tires  <input type="checkbox"/> Titanium  <input type="checkbox"/> Transformers  <input type="checkbox"/> Wood  <input type="checkbox"/> Zinc  <input type="checkbox"/> Other: _____           </td> </tr> </table>	<input type="checkbox"/> Aluminum <input type="checkbox"/> Appliances <input type="checkbox"/> Barium <input type="checkbox"/> Brass <input type="checkbox"/> Cardboard <input type="checkbox"/> Construction Materials <input type="checkbox"/> Copper <input type="checkbox"/> Cylinder Tanks <input type="checkbox"/> Electronics	<input type="checkbox"/> Glass <input type="checkbox"/> Lead Paint <input type="checkbox"/> Magnesium <input type="checkbox"/> Nickel <input type="checkbox"/> Oil/Antifreeze/Freon <input type="checkbox"/> Pallets/Crates <input type="checkbox"/> Paper <input type="checkbox"/> Plastic	<input type="checkbox"/> Rubber <input type="checkbox"/> Steel/Iron <input type="checkbox"/> Tires <input type="checkbox"/> Titanium <input type="checkbox"/> Transformers <input type="checkbox"/> Wood <input type="checkbox"/> Zinc <input type="checkbox"/> Other: _____
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<b>Do the employees load/unload materials from railcars?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

**Are the collection/sorting operations:**    ☐ Mechanized    ☐ Manual    ☐ Other: \_\_\_\_\_

**Are materials transported to other facilities?**    ☐ Yes    ☐ No

**If yes, who transports the materials?**    ☐ Employees    ☐ Subcontractors    ☐ Other: \_\_\_\_\_

## Garbage/Refuse Operations

**To whom are collection services provided?**

(Please Check All That Apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Commercial Properties | <input type="checkbox"/> Residential Properties |
| <input type="checkbox"/> Government Entities   | <input type="checkbox"/> Rural Areas            |
| <input type="checkbox"/> Industrial Properties | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Medical Facilities    |   |

**Please identify the services provided?**

(Please Check All That Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Biohazard Waste            | <input type="checkbox"/> Portable Toilet Rentals/Collections   |
| <input type="checkbox"/> Garbage/Refuse Collections | <input type="checkbox"/> Recycle Collections                   |
| <input type="checkbox"/> Grease Trap Disposal       | <input type="checkbox"/> Roll/Off Container Rental/Collections |
| <input type="checkbox"/> Landfill Operations        | <input type="checkbox"/> Septic Tank Pumping                   |
| <input type="checkbox"/> Oil/Gas Disposal           | <input type="checkbox"/> Other: _____                          |

**What is the typical size of crew during collection operations?** \_\_\_\_\_ employees

**Are employees allowed to ride outside of the collection truck's cab?**    ☐ Yes    ☐ No

**Is a policy in place that addresses size/weight limitations for manual pickup?**    ☐ Yes    ☐ No

**What is the number of company owned vehicles?** \_\_\_\_\_    ☐ N/A

**Who conducts the maintenance of company owned vehicles?** \_\_\_\_\_

**How often is vehicle maintenance performed?**

- ☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Quarterly    ☐ Annually    ☐ Other: \_\_\_\_\_

**Are trucks leased from other individuals or companies?**    ☐ Yes    ☐ No    ☐ N/A

**If yes, what is the DOT#?** \_\_\_\_\_

**Who is responsible for leased vehicle maintenance?** \_\_\_\_\_

**How often is vehicle maintenance performed for leased vehicles?**

- ☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Quarterly    ☐ Annually    ☐ Other: \_\_\_\_\_

## Safety

**Is a safety program utilized in the workplace?** ☐ Yes ☐ No      **If yes, is the program?** ☐ Written ☐ Verbal

**Does the safety program address/include:**

(Please Check All That Apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Accident/Injury Investigation<br><input type="checkbox"/> Equipment Usage Training<br><input type="checkbox"/> Eye Wash Stations<br><input type="checkbox"/> Fire Suppression Systems<br><input type="checkbox"/> Lock Out/ Tag Out Procedures<br><input type="checkbox"/> Machine Guards (including power tools)<br><input type="checkbox"/> Noise Abatement<br><input type="checkbox"/> Onsite Supervisor<br><input type="checkbox"/> Personal Fall Protection<br><input type="checkbox"/> Progressive Disciplinary Action Plan<br><input type="checkbox"/> Qualified Person On Jobsites | <input type="checkbox"/> Return to Work Program<br><input type="checkbox"/> Railing<br><input type="checkbox"/> Routine Safety Inspections<br><input type="checkbox"/> Safety Committee/Safety Officer<br><input type="checkbox"/> Safety Data Sheets (SDS)<br><input type="checkbox"/> Safety Incentive Program<br><input type="checkbox"/> Safety Orientation<br><input type="checkbox"/> Secure Loads Tie/off Usage<br><input type="checkbox"/> Substance Abuse Awareness Training<br><input type="checkbox"/> Third Party Safety Company<br><input type="checkbox"/> Other: _____ |
|---|---|

**Please check all personal protective equipment that is enforced:**

- |  |   |
|--|---|
| <input type="checkbox"/> Dust Masks<br><input type="checkbox"/> Eye Protection<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Hard Hats<br><input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Rubber Boots<br><input type="checkbox"/> Safety Vests<br><input type="checkbox"/> Steel Toe Boots<br><input type="checkbox"/> Other: _____ |
|--|---|

**Does the safety driving program address/include:**

(Please Check All That Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Cell Phone Usage<br><input type="checkbox"/> Impaired/Aggressive/Distracted Driving<br><input type="checkbox"/> Initial and Routine MVR Checks | <input type="checkbox"/> Progressive Disciplinary Plan<br><input type="checkbox"/> Mandatory Seat Belt Usage<br><input type="checkbox"/> Vehicle Tracking Device |
|---|--|

**Please check all OSHA guidelines that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Confined Spaces<br><input type="checkbox"/> Chemical/Solvent Storage (GHCS)<br><input type="checkbox"/> Fall Protection<br><input type="checkbox"/> Unrestricted Means of Egress | <input type="checkbox"/> Ventilation<br><input type="checkbox"/> Signs, Signals and Barricades<br><input type="checkbox"/> Other: _____ |
|---|---|

**Does the training program address/include the operations of the following heavy equipment?**

(Please Check All That Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Balers<br><input type="checkbox"/> Cranes<br><input type="checkbox"/> Crushers | <input type="checkbox"/> Incinerators<br><input type="checkbox"/> Loaders<br><input type="checkbox"/> Other: _____ |
|---|--|

<b>Who is responsible for maintaining/repairing the equipment?</b>	<input type="checkbox"/> Employees	<input type="checkbox"/> Third Party
<b>Who is responsible for emergency shutdowns?</b>	<input type="checkbox"/> Any Employee	<input type="checkbox"/> Authorized Personnel Only
<b>Does the insured perform regular safety training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, describe the frequency:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		
<b>Does the insured hold regular tailgate/tool box safety meetings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, describe the frequency:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		
<b>Who is responsible for the safety training and what is their title?</b> Name: _____ Title: _____		

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.