



## Scrap Metal Dealers and Metal Recycler Questionnaire

[Ron.Hallmark@hibbshallmark.com](mailto:Ron.Hallmark@hibbshallmark.com) Phone #: 800-765-6767

Named Insured: \_\_\_\_\_ Website: \_\_\_\_\_

### GENERAL OPERATION

1. Provide percentages of materials processed :

- a. Ferrous \_\_\_\_\_
- b. Non-ferrous metal \_\_\_\_\_
- c. Aluminum Cans \_\_\_\_\_
- d. Autos \_\_\_\_\_
- e. Car Radiators \_\_\_\_\_
- f. Car Batteries \_\_\_\_\_ Handling details:

2. Are any other recyclables accepted?

- Glass  Yes  No    Cardboard/Paper  Yes  No  
Tires  Yes  No    Plastic  Yes  No  
If yes, provide details of each:

3. Provide gross annual sales and payroll history:

- Projected Sales \_\_\_\_\_    Projected Payroll \_\_\_\_\_  
Prior Year Sales \_\_\_\_\_    Prior Year Payroll \_\_\_\_\_  
2<sup>nd</sup> Prior Year Sales \_\_\_\_\_    2<sup>nd</sup> Prior Year Payroll \_\_\_\_\_  
3<sup>rd</sup> Prior Year Sales \_\_\_\_\_    3<sup>rd</sup> Prior Year Payroll \_\_\_\_\_

4. Total number of full time employees? \_\_\_\_\_ Part time employees? \_\_\_\_\_

5. Total number of full time drivers? \_\_\_\_\_

6. Total number of active owners? \_\_\_\_\_

7. Is scrap material accepted from the general public (walk ins)?  Yes  No

8. If so, is there a controlled drop-off area on premises?  Yes  No

9. Do you accept full bins, truck or container loads from others?  Yes  No

10. Are vehicles directed to designated off-load area by an employee?  Yes  No

11. Are customers supervised by an employee at all times?  Yes  No

12. Please describe procedure:

13. Is employee on duty trained in hazardous waste identification?  Yes  No

14. Are materials tested for hazardous substances?  Yes  No

15. Are radiation detectors used?  Yes  No

- a. If so, what type and how often?

16. Is the general public allowed into the production yard for the purpose of removing parts from scrap autos?  Yes  No

- a. If yes, provided details
17. Are any processed autos repaired and returned to service? Yes No
- a. If yes, details
18. Do you re-sell scrap materials as “used” goods? Yes No
- a. If yes, please explain and include any details regarding warranty on such products.
19. Other operations: Smelting Yes No Incinerator Yes No  
 Co-generation Yes No Landfill Yes No
20. Have you ever operated as a landfill? Yes No
- a. If yes to any, please explain:
21. Do you place collection bins/containers on premises of others? Yes No
- a. If yes, approx number at any given time?
- b. Is there any other offsite work, such as demolition, wrecking, dismantling or salvage operations? Yes No
- c. If yes, describe:
22. Do you provide any other refuse services? Yes No
- a. If yes, details
23. Is facility fully: Fenced Yes No Lighted Yes No Gated Yes No
24. Locked after hours? Yes No
- a. If no to any, please explain:
25. Security or Alarm System? Yes No
- a. If yes, what type?
- Surveillance cameras Motion Detectors Fence alarm  
Security Guard(s) Dog(s) Other
26. Torching/Welding done away from buildings, machinery and public? Yes No
- a. Describe
27. Is there private fire protection or water tenders for processing equipment? Yes No
- a. If yes, *describe*:
28. Are any shipments made by rail? Yes No
- a. If yes, do you have a side track? Yes No
29. Formal safety program? Yes No
- a. If possible, please provide a copy.
30. Who administers the program:
- Designated Safety/Loss Control Mgr  
Yard Mgr  
Owner/Officer

Other

31. Regular safety meetings? Yes No  
a. How often?
32. Have you ever or do you use an independent safety consultant? Yes No  
a. If yes, how often and for what areas
33. Are certificates of insurance required from all sub contractors? Yes No
34. If no, please explain why not.

## **AUTOMOBILE**

1. Do you comply with US DOT and State specific safety standards? Yes No
2. Describe your driver hiring guidelines
3. Describe your new driver training procedure
4. Do you pull MVR's on all drivers? Yes No  
a. How often?
5. What are your MVR guidelines?
6. What action is taken on a poor MVR?
7. Are drivers trained in hazardous waste identification? Yes No
8. Do you have a post accident investigation policy? Yes No
9. Perform random and/or post accident drug/alcohol testing? Yes No
10. Do you require any ICC filings? Yes No  
a. If yes, please explain:
11. Do you tarp or otherwise enclose loose material you transport? Yes No
12. Are all vehicles on the application titled to the Named Insured? Yes No
13. Are pre and post trip inspections done on commercial vehicles? Yes No
14. Do you have a vehicle maintenance program in place? Yes No
15. Do you have an employed mechanic? Yes No
16. Is any servicing done "in house"? Yes No  
a. If yes, describe?  
b. Please describe and include frequency of service
17. Who performs major repairs
18. What is the typical radius of operation of **commercial** vehicles?  
0-50 miles 51-200 miles 201 miles or greater
19. Are family members permitted to drive company vehicles? Yes No  
a. If yes, please indicate which vehicle(s) they drive and include them as drivers on the application. This includes family members covered by DOC.
20. Do you have a fleet and/or driver safety program? Yes No

- a. If yes, please attach a copy of the contents page.
- b. Who administers the program?
- 21. Regular safety meetings? Yes No
  - a. How often?
- 22. Do you use vehicle tracking technology (GPS)? Yes No

**INLAND MARINE**

- 1. Do you verify prior training? Yes No
- 2. Do you provide training for operators for specific types of equipment? Yes No
  - a. If yes, please detail:
- 3. Do you have any cranes? Yes No
  - a. If yes, length of each boom:
- 4. Are crane operators certified? Yes No
  - a. If no, explain:
- 5. How often is equipment inspected
- 6. Who does the inspection?
- 7. Maintenance/repair records kept of the inspections of equipment? Yes No
- 8. Fluids/hydraulic stored in approved containers/away from flammables? Yes No
- 9. Do you ever lease equipment from others, with or without operator? Yes No
  - a. If yes, describe:
  - b. If leased with operator, are credentials verified? Yes No
- 10. Do you ever lease your equipment to others, with or without operator? Yes No
  - a. If yes, list equipment
  - b. If yes, provide annual revenue:

<b>PART VI - VERIFICATION</b>	
Name of person completing this form (PLEASE PRINT)	
Title	Company or Agency Name
City, State, Zip	
E-mail Address	
Signature	Phone Number with Area Code (    )

**WARNING:** Virginia law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims, which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely.