



Hibbs-Hallmark & Company Insurance Agency

# Recycle-Pro Insurance

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## SALVAGE YARD QUESTIONNAIRE

*Insurance Protection for the Recycling Industry*

Named Insured \_\_\_\_\_

Website \_\_\_\_\_

### GENERAL OPERATION

Total Annual Gross Receipts \$ \_\_\_\_\_

Percentage of Annual Gross Receipts from:

Used Auto Parts \_\_\_\_\_ %

New Auto Parts \_\_\_\_\_ %

Scrap Metal \_\_\_\_\_ %

Rebuilder Sales \_\_\_\_\_ %

Engine or Transmission Rebuilding \_\_\_\_\_ %

Installation or Mechanical Work \_\_\_\_\_ %

Auto Storage \_\_\_\_\_ %

Used Car Sales (Drivable) \_\_\_\_\_ %

Towing \_\_\_\_\_ %

Other \_\_\_\_\_ %

Are any autos repaired and returned to service?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Please describe any warranties provided on products sold: \_\_\_\_\_

\_\_\_\_\_

Are any other recyclables accepted?  Yes  No

Cardboard/Paper  Yes  No

Details if yes \_\_\_\_\_

Tires  Yes  No

Details if yes \_\_\_\_\_

Plastic  Yes  No

Details if yes \_\_\_\_\_

Number of full-time employees \_\_\_\_\_

Number of part-time employees \_\_\_\_\_

Number of full-time drivers \_\_\_\_\_

Number of active owners \_\_\_\_\_

## UNDERWRITING INFORMATION

### CRUSHING:

Is any crushing being performed by the insured?  Yes  No

If crushing is being performed by a contractor, are certificates of insurance obtained?  Yes  No

### HAULING:

Do wrecked autos arrive by the insured's vehicles?  Yes  No

What is the percentage of wrecked autos arriving on insured's vehicles? \_\_\_\_\_

Does the insured haul away dismantled vehicles?  Yes  No

How high are vehicles stacked? \_\_\_\_\_ # of vehicles

How is the load specifically secured for transit? \_\_\_\_\_

Are flammables stored in approved containers/cabinets?  Yes  No

Are certificates of insurance obtained from firms disposing of hazardous materials?  Yes  No

Are customers allowed in the yard?  Yes  No

If yes, are they ALWAYS accompanied by an employee?  Yes  No

Are customers allowed to pull their own parts?  Yes  No

Describe aisle space in the yard: \_\_\_\_\_

Describe how weeds are controlled: \_\_\_\_\_

Are all tires stored at least 200 feet away from ALL buildings?  Yes  No

Quantity of tires: \_\_\_\_\_

Frequency of tire disposal: \_\_\_\_\_

### PARTS:

Are parts quality checked for flaws prior to sale?  Yes  No

Is insurance coverage being requested for stock or inventory?  Yes  No

AUTOS:

Number of Dealer Plates: \_\_\_\_\_

Number of Driveable or Rebuilder Cars sold per year: \_\_\_\_\_

Are cars sold "as is"?  Yes  No

Specifically describe any exposure to racing or stunt events: \_\_\_\_\_

\_\_\_\_\_

USED AUTO PARTS:

Limit of Insurance: \$ \_\_\_\_\_

\_\_\_\_\_ % of limit is stored inside a building

\_\_\_\_\_ % of limit is stored out in the pen

Provide description of used auto part inventory: \_\_\_\_\_

\_\_\_\_\_

Describe how the value of the used parts were determined (e.g., scrap value, market value): \_\_\_\_\_

\_\_\_\_\_

Describe how the limit of insurance was determined. What type of inventory system is used (i.e., automated, manual)? \_\_\_\_\_

\_\_\_\_\_

Where and how are the stock of parts stored and safeguarded? \_\_\_\_\_

\_\_\_\_\_

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

Are materials tested for hazardous substances?  Yes  No

Are radiation detectors used?  Yes  No

If yes, what type and how often? \_\_\_\_\_

PROPERTY PROTECTION:

Is facility fully fenced?  Yes  No

Lighted?  Yes  No

Gated?  Yes  No

Security?  Yes  No

Alarm System?  Yes  No

What type? \_\_\_\_\_

Surveillance Cameras?  Yes  No

Motion Detectors?  Yes  No

Fence Alarm?  Yes  No

Security Guard(s)?  Yes  No

Dogs?  Yes  No

Other \_\_\_\_\_

Torching/Welding done away from buildings, machinery and public?  Yes  No

Describe: \_\_\_\_\_

Is there private fire protection or water tenders for processing equipment in the yard?  Yes  No

If yes, describe: \_\_\_\_\_

Are any shipments made by rail?  Yes  No

Do you have a sidetrack?  Yes  No

**SAFETY:**

Formal safety program?  Yes  No

*If possible, please provide a copy.*

Who administers the program?  Designated Safety/Loss Control Mgr  Yard Mgr  Owner/Officer

Other \_\_\_\_\_

Regular Safety Meetings?  Yes  No

How often? \_\_\_\_\_

Have you ever or do you use an independent safety consultant?  Yes  No

If yes, how often and for what areas? \_\_\_\_\_

Are certificates of insurance required from all sub-contractors?  Yes  No

If no, explain why not \_\_\_\_\_

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

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

Is area supervised by an employee?  Yes  No

Do you accept full bins, truck or container loads from other?  Yes  No

Are those drivers directed to designated off-load area by an employee?  Yes  No

Please describe procedure \_\_\_\_\_

**OTHER OPERATIONS:**

Smelting  Yes  No

Incinerator  Yes  No

Co-generation  Yes  No

Landfill  Yes  No

Have you ever operated as a landfill?  Yes  No

If yes to any of the above, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you place collection bins/containers on premises of others?  Yes  No

If yes, approximate number at any given time? \_\_\_\_\_

Is there any other offsite work, such as demolition, wrecking, dismantling, or salvage operations?  Yes  No

If yes, describe: \_\_\_\_\_

Do you provide any other refuse services?  Yes  No

If yes, details: \_\_\_\_\_

## **AUTOMOBILE**

Do you comply with US DOT and State specific safety standards?  Yes  No

Describe your driver hiring procedure \_\_\_\_\_

Describe your new driver training procedure \_\_\_\_\_

Do you pull MVRs on all drivers?  Yes  No

How often? \_\_\_\_\_

What are your MVR guidelines? \_\_\_\_\_

What action is taken on a poor MVR? \_\_\_\_\_

Do all commercial drivers have CDLs?  Yes  No

Are drivers trained in hazardous waste identification?  Yes  No

Do you have a post-accident investigation policy?  Yes  No

Perform random and/or post-accident drug/alcohol testing?  Yes  No

Do you require ICC filings?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you tarp or otherwise enclose loose material you transport?  Yes  No

Are all vehicles on the application titled to the Named Insured?  Yes  No

Are pre- and post-trip inspections done on commercial vehicles?  Yes  No

Do you have a vehicle maintenance program in place?  Yes  No

Do you have an employed mechanic?  Yes  No

Is any servicing done "in-house"?  Yes  No

If yes, describe: \_\_\_\_\_

Please describe and include frequency of service: \_\_\_\_\_

Who performs major repairs?

What is the typical radius of operation of **commercial** vehicles?       0-50 miles       51-200 miles       201+ miles

Are family members permitted to drive company vehicles?       Yes       No

If yes, please indicate which vehicle(s) they drive and include them as drivers on the application. This includes family members covered by DOC.

***If you have a written driver training, safety and/or vehicle maintenance program that answers any of the questions above, please attach a copy in lieu of answering those questions above.***

## **INLAND MARINE**

Do you require verification of training or provide training for equipment operators?       Yes       No

If yes, please detail: \_\_\_\_\_

Are all crane operators certified?       Yes       No

Are hydraulic and other fluids stored in approved containers and away from flammables?       Yes       No

How often is equipment inspected? \_\_\_\_\_

Who does the inspection? \_\_\_\_\_

Are records kept of the inspections and any maintenance/repairs done to the equipment?       Yes       No

If yes, describe: \_\_\_\_\_

If leased with operator, are credentials verified?       Yes       No

Do you ever lease your equipment to others, with or without operator?       Yes       No

If yes, list equipment and provide annual revenue \_\_\_\_\_

## **VERIFICATION**

Name of person completing this form \_\_\_\_\_

Title \_\_\_\_\_ Company or Agency Name \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number with Area Code \_\_\_\_\_

Signature \_\_\_\_\_

**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 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.

# RECYCLERS SURVEY

Does the facility utilize a shredder comprised of hammers rotating on a shaft?  Yes  No

Does this facility utilize a shear/guillotine?  Yes  No

Does this facility have any balers?  Yes  No

If no to any of the above questions, please describe the process of disassembling metal products \_\_\_\_\_

\_\_\_\_\_

What is the size of the motor driving the shredder/shear or baler? \_\_\_\_\_

What type of motor (DC, synchronous, etc)? \_\_\_\_\_

Is the motor coupled directly to the shredder/shear or baler, or is a gear reducer used? If gears are used, please provide the size, and maintenance practices. \_\_\_\_\_

\_\_\_\_\_

What other equipment is present at the facility that is critical to operations? \_\_\_\_\_

\_\_\_\_\_

Are there spares kept on site for critical equipment such as hammers, rotor, gears, motor, etc? \_\_\_\_\_

\_\_\_\_\_

What contingencies are in place if the shredder/shear or baler fails? Does production stop, or is there a plan to continue manually or outsource? \_\_\_\_\_

\_\_\_\_\_

What are the ages of the above-mentioned equipment? \_\_\_\_\_

\_\_\_\_\_

Is the rotor or hammers subject to periodic non-destructive testing? Please describe. \_\_\_\_\_

\_\_\_\_\_

What type of maintenance does the motor receive? (Insulation resistance testing, polarization index testing, etc.) \_\_\_\_\_

\_\_\_\_\_

Please describe any mechanical or electrical equipment failures in the past five (5) years. \_\_\_\_\_

\_\_\_\_\_

Are metals screened for radioactive materials?  Yes  No

Are electromagnetic cranes used on the site? Please describe the size, and maintenance practices. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_