

## Waste Hauler Supplemental Questionnaire

**Proposed Insured:** \_\_\_\_\_ **Effective:** \_\_\_\_\_

**U.S. DOT #:** \_\_\_\_\_

### **BUSINESS OPERATIONS**

Estimated annual mileage: \_\_\_\_\_

Radius of operations (percentage of annual mileage):

0 to 50 miles \_\_\_\_% 50 to 200 miles \_\_\_\_% 200+ miles \_\_\_\_%

What % of mileage are regularly scheduled routes? \_\_\_\_%

Are trucks used for backhauls? Yes No

### **List time of driving:**

12:00 AM – 6:00 AM \_\_\_\_\_%

6:00 AM – 12:00 PM \_\_\_\_\_%

12:00 PM – 6:00 PM \_\_\_\_\_%

6:00 PM - 12:00 AM \_\_\_\_\_%

### **Type of refuse collection:**

Household \_\_\_\_% Commercial \_\_\_\_% Construction \_\_\_\_%

### **Indicate by percentage where waste is transported:**

Landfill \_\_\_\_% Transfer Station \_\_\_\_% Recycling Center \_\_\_\_%

### **Indicate the radius in miles to each of these points:**

Landfill \_\_\_\_ mi. Transfer Station \_\_\_\_ mi. Recycling Center \_\_\_\_ mi.

### **List the number of vehicles of these types:**

- # Front Loaders
- # Rear Loaders
- # Side Loaders
- # Roll Off
- # Recycle
- # Box Vans
- # Service & PPV's

### **List the number of tractors and semi-trailers of these types:**

- # Truck Tractors
- # Walking Trailers
- # End Dumps
- # Roll Off Trailers
- # Flat Beds

### **List any other licensed equipment in the fleet, i.e., wreckers, vacuum trucks, etc.:**

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### **Are other waste haulers or owners/operators hired? Yes No**

If Yes, indicate percentage of revenue from each, for what operations, and if certificates of insurance for \$1 million are required :

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If owner/operators are used, are the same driver qualification standards used? Yes No

**SAFETY AND CONTROLS**

List special safety features "spec'ed" into the vehicle acquisition program, i.e., back-up alarms, high-fork indicators, back-up cameras, electrical disconnects on front side/end loaders, governors, GPS, etc.:

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Is there a specific replacement policy for the vehicles? Yes      No  
If Yes, how many years or miles are used?  
Is a full time Safety Director employed? Yes      No

**HAZARDOUS MATERIALS**

Is hazardous materials, hazardous waste or medical waste carried? Yes   No  
Have you ever been identified as a Potential Responsible Party by the EPA? Yes   No  
Have you ever been cited for illegal or unlawful dumping? Yes   No  
Does the Company own or operate any open or closed landfills? Yes      No

**DRIVER PROFILE**

Driver Turnover:  
a) Number of new drivers hired in last 12 months \_\_\_\_\_ b) Number of drivers with Company more than 1 year \_\_\_\_\_  
How are drivers paid? Hourly Per Load/Trip Per Mile  
Other Describe: \_\_\_\_\_  
Are any seasonal, casual, part time or leased drivers used? Yes No  
If Yes, please describe number of each type and when they are used:

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Are drivers assigned specific vehicles on a long term basis? Yes No  
Are drivers unionized? Yes      No

**DRIVERS QUALIFICATIONS**

MVR Check?  
Credit and Criminal Check?  
Road Test Prior to Hiring?  
Drug Testing?  
MVR's pulled on existing drivers? Frequency? \_\_\_\_\_  
Special License Requirement? (List)

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Minimum allowable age of commercial motor vehicle (CMV) operators \_\_\_\_\_ years  
Maximum allowable age of commercial motor vehicle (CMV) operators \_\_\_\_\_ years  
List age of youngest CMV driver in fleet \_\_\_\_\_ years  
List number of allowable tickets in prior 3 years \_\_\_\_\_  
List number of allowable accidents in prior 3 years \_\_\_\_\_  
List number of combined tickets/accidents allowed in prior 3 years \_\_\_\_\_  
List type of offenses resulting in automatic driver disqualification, i.e., DUI/DWI, etc.:

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Does Company have a zero tolerance drug/alcohol policy resulting in automatic driver disqualification? Yes      No  
If No, please describe how a positive test is addressed:

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Are driver qualification standards listed above in writing? Yes      No  
If Yes, attach a copy or summary.  
Are any exceptions made in the above driver qualification standards? Yes      No  
If Yes, please describe:

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**DRIVER TRAINING AND VEHICLE SAFETY PROGRAMS**

Is industry experience a requirement for all new CMV drivers? Yes No

If No, please answer the following:

a) Is a written Student Driver Training Program in place? Yes No

b) Are there written student evaluations? Yes No

If Yes, attach a copy of the Program or samples of the Program's documentation.

c) List the minimum number of days of in-vehicle training. \_\_\_\_\_ days

Do Driver Instructors regularly complete ride-alongs with all CMV drivers? Yes No

List the minimum number of days per year of in-vehicle training spent with all CMV drivers:

\_\_\_\_\_ days

Written Safety Program? Yes No Describe or attach summary:

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Safety meetings how often: \_\_\_\_\_

Does the Proposed Insured have its own facilities to maintain their vehicles? Yes No

Are mechanics FMCSR-Certified? Yes No

If No, comment on how Proposed Insured monitors the maintenance of their vehicles:

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Is there a personal use policy for Company vehicles? Yes No

If Yes, describe:

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