



RT WC Specialty

Waste Hauler

Supplemental Workers' Compensation Application

Insured Name: _____

Insured Mailing Address: _____

Payroll/Premium Information:

<u>Policy Year</u>	<u>Payroll</u>	<u>Premium</u>
4th Prior	\$	\$
3rd Prior	\$	\$
2nd Prior	\$	\$
1st Prior	\$	\$
Current	\$	\$

Business Operations:

1. What is the radius of operation? _____ Miles

2. Is the applicant a union operation? Yes No

3. Are vehicles equipped with back alarms? Yes No

4. Are regular vehicle inspections conducted and documented? Yes No

5. Are any drivers under the age of 21? Yes No

6. Are there any independent contractors? Yes No

If yes, please list percentage of independent contractors: _____%

If yes, please list job duties of independent contractors: _____

7. Are copies of the insurance certificates kept on file? Yes No

8. Do all employees have at least three years minimum over the road experience? Yes No

9. Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job? Yes No

If yes, please clarify the following:

MVR's verified at time of hire?

Yes No

MVR's verified every six months after hire?

Yes No

Copies of MVR's maintained in personnel files?

Yes No

10. Have any of the drivers had a speeding violation in the last three (3) years?

Yes No

If yes, please list how many: _____

11. Does the insured operate a landfill?

Yes No

12. Does the insured operate a recycling center?

Yes No

13. Does the insured specialize in removal of residue from incinerator plants?

Yes No

14. Does the insured specialize in the collection of scrap metal?

Yes No

15. Does the insured specialize in the collection of manure from farms?

Yes No

16. Does the insured primarily provide a one time on demand service to pick up or haulaway junk such as, but not limited to: household junk (appliances, furniture, carpet, etc.), office junk (computers, printers, furniture, etc.), or general junk (construction debris, etc.)?

Yes No

17. Does the insured engage in storm debris or construction or debris clean up?

Yes No

18. Are more than 5% of receipts from HazMat or Hazardous Materials (Solids, liquids or gases that can harm people) clean up or removal?

Yes No

19. Is there a formal safety program in place?

Yes No

20. Is there a formal return to work/modified duty program in place?

Yes No

21. Is there a formal pre-hire drug testing program in place?

Yes No

22. Is there a formal post-accident drug testing program in place?

Yes No

23. Please indicate the business operations and percentage done in each:

Residential Waste Hauling _____%

Commercial Waste Hauling _____%

Construction Waste Hauling _____%

Hazardous Waste Hauling _____%

Medical Waste Hauling _____%

Landfill Operation _____%

Recycling Center _____%

Residential Haulers:

1. Is manual lifting of containers required?

Yes No

If yes, what percentage of the collection is by manual methods? _____%

2. Are standard residential containers required?

Yes No

3. Are weight restrictions in place and enforced?

Yes No

4. Radius of operations? Less than 25 miles _____% 25 to 50 miles _____% Over 50 miles _____%
5. Are riding steps used? Yes No
 If yes, are they self-cleaning and slip resistant? Yes No
6. Does the applicant provide separate manually lifted bulk item pick-ups? Yes No
7. Number of trucks? _____

Commercial Haulers:

1. What percentage is roll off or front end pick up compared to manual collection?
 <70% automated _____ 70 to 90% automated _____ >90% automated _____
2. Do drivers tie off tarps manually? Yes No
3. Does the applicant require the dumpsters to be in an accessible location? Yes No
4. Does any of the collection occur at night? Yes No
5. Number of trucks? _____

The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____

Title: _____

Print Name: _____ Date: _____

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