



GARBAGE COLLECTORS SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? ____ Yes ____ No If no, explain _____

3. Are any pre-employment examinations done?

4. What are the insured's hours of operation: ____ to ____

5. What is the layout of the premises?

6. Radius of operation?

7. How many trucks used for garbage collection?

8. Is the insured's trucks equipped with automatic lifting apparatus?

9. Is the insured's trucks equipped with a backup alarm that sounds when driving in reverse?

10. Are first aid kits provided on trucks?

11. What type of training programs are provided to garbage collectors?

12. Are employees trained in identification of hazardous waste materials?

13. Do drivers keep informed of road and weather conditions?

14. What is the insured's practice for garbage collection in both inclement weather and confrontations with animals?

15. Are employees trained on proper lifting techniques and told to seek help to lifting heavy items?

16. What safety equipment is provided by the insured?

17. Are employees trained in first aid and CPR?