



Scrap Metal Dealers Supplemental Application

General Information:

Applicant Name: _____ Website Address: _____

Inspection Contact: _____ Contact Phone Number: _____

Quote/Policy Number: _____ Date Quote Needed: _____

Agency Name & Number: _____ Effective Date: _____

1. Years in Business: _____

2. Types of Metal Processed:

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Lead
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Manganese
<input type="checkbox"/> Brass	<input type="checkbox"/> Mercury
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Nickel
<input type="checkbox"/> Chromium	<input type="checkbox"/> Steel
<input type="checkbox"/> Iron	<input type="checkbox"/> Titanium

3. If other types of recyclable material are accepted, please describe: _____

4. Are recyclables accepted from the general public? Yes No

If so, is the public prohibited from, entering the yard and production areas? Yes No

5. Are materials detected for hazardous substances? Yes No

6. Are employees trained in the detection of hazardous material? Yes No

7. Is radiation equipment used? Yes No

8. Are any of the following materials accepted? (Please check those that apply)

<input type="checkbox"/> Automobiles and Automobile Parts	<input type="checkbox"/> Firearms and Munitions
<input type="checkbox"/> PCBs/Capacitors	<input type="checkbox"/> Refrigerators or Air Conditioners
<input type="checkbox"/> Closed Containers	<input type="checkbox"/> Tires
<input type="checkbox"/> Pressurized Containers	<input type="checkbox"/> Free Flowing Liquids
<input type="checkbox"/> Chlorofluorocarbons (CFCs)	<input type="checkbox"/> Mercury (switches)
<input type="checkbox"/> TVs and Computer Monitors	<input type="checkbox"/> Flammable/Explosive Materials
<input type="checkbox"/> Hazmat or Radioactive Material	<input type="checkbox"/> Lighting Ballast
<input type="checkbox"/> Asbestos Materials	<input type="checkbox"/> Batteries

9. Is facility fully fenced, gated and locked after hours? Yes No

Are any of the following present?

Alarm System Video Surveillance Motion Detectors Fence Alarm

Security Guard(s) Dog(s) Other _____

10. Any wrecking, dismantling or demolition work? Yes No

11. Any dismantling or recycling of tanks? Yes No

12. Any torching or welding operations? Yes No

If so, is there a designated area for this activity? Yes No

13. Any smelting or incineration operations? Yes No

14. Any off-site processing? Yes No

If so, describe equipment used: _____

15. Are dumpsters, collections bins/containers placed at customer sites? Yes No

If so, provide number and total insured value: _____/_____

16. Are recyclables refurbished or resold as used goods? Yes No

17. Please provide a complete list of production equipment, including age and value: _____

If any custom made equipment, please describe: _____

18. Is there a formal equipment maintenance program in place? Yes No

Are maintenance reports maintained? Yes No

19. Is adequate training provided for all equipment operators? Yes No

20. Are all crane operators certified? Yes No

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

22. Any equipment leased from others, with or without operator? Yes No

If yes, describe: _____

23. Any of your equipment leased to others, with or without operator? Yes No

If yes, describe: _____

24. Is there a contingency plan in place in the event of equipment breakdown
that causes the operation to shutdown? Yes No

If yes, please describe: _____

IMPORTANT NOTICE TO ALL APPLICANTS: THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED. FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES:

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA):

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO ALL PENNSYLVANIA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALL TENNESSEE AND VIRGINIA APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Applicant's Printed Name

Applicant's Signature

Date

Agent's Signature

Date