

SUPPLEMENTAL APPLICATION
(Please complete and attach to completed ACORD applications)

First Named Insured: _____

Description of Operation: _____

Years in the business: _____ Records storage: _____ Destruction: _____

Hours of Operation: _____

Other Named Insureds—List (Include operations description for each)

1. _____
2. _____
3. _____

Website Address: _____

Is this a franchise of a national organization? Yes No

If Yes, name of franchisor organization: _____

Professional or Industry Associations of which any above listed insured is a member:

ISO 9000 or 9001 certified Yes No

Do you have written procedures for conducting your business Yes No

Please attach a copy

PREMISES AND OPERATIONS

1. Storage by listed type (major categories combined should total 100%)
 - a. Physical records storage _____%
 - Paper _____%
 - Electronic Data _____%
 - Film/X-Ray, Microfiche, Etc. _____%
 - Other _____%
 - b. Other storage (please describe) _____% _____
2. Records storage Configuration and Controls
 - a. How many boxes/cartons of records do you currently store on your premises?
 - b. Boxed records storage _____% # of boxes _____
 - c. Open records storage _____% Approximate sq. ft. area _____
 - d. Maximum cubic feet of storage per storage division or compartment: _____
 - e. Maximum height of records storage: _____
 - f. Shelving systems: _____ solid _____ open
 - g. Aisle width: _____
 - h. Cat Walks Yes No
 - i. Smoking and open flames prohibited on premises? Yes No

Other: describe _____



- j. Fire protection, alarms, and security
- Automatic sprinkler systems protect all areas of storage? Yes No
- In-rack systems in place? Yes No
- Do you have an annual fire sprinkler inspection contract? Yes No
- Describe nature of alarm systems in place fire, smoke, heat, burglary, motion, surveillance, central station, local), etc.: (input on ACORD 140 Property Section for each insured location)
- Window and door access and control measures in place Yes No
- Please describe: _____
3. Service Documentation and Controls (provide copies of the following)
- Storage Space Rental agreement used Yes No
- Warehouse receipt and agreement used Yes No
- Bill of Lading Yes No
- Services contract used Yes No
- Customer's Access to Records
- Website Yes No
- On your premises Yes No
- Applicant locates and distributes Always Varies
- Other: describe _____
- Do you contractually limit your liability per item/container stored? Yes No
- Explain: _____
4. Document Destruction Services and Equipment (if this applies)
- Describe the type of destruction services provided (e.g. paper, microfiche, film, electronic, or other):
- _____
5. Premises based equipment utilized (i.e. shredders, pulverizers, balers, crushers, etc.):
- _____
- Make: _____ Model: _____
- Replacement cost of listed equipment: _____
- Is this equipment segregated from other operations on premises? Yes No
- Fire protection system(s): specific to this equipment? Yes No
- Dust control measures in place—describe in full: _____
- Method used for removing any accumulated dust: _____
- Frequency of your dust removal activities (e.g., daily, weekly): _____
- Maintenance and Housekeeping procedures:
- Do you specifically follow manufacturer's guidelines on equipment maintenance? Yes No
- Describe fully or attach copy: _____
- _____
- Housekeeping procedures—please describe or attach copy: _____
- _____
6. Mobile Shredding Equipment—describe and list replacement cost values for each unit to be insured (input on ACORD 146 Equipment Floater Application)
- Make: _____ Model: _____
- Replacement cost of listed equipment: _____



Describe maintenance and housekeeping procedures in place for mobile shredders:

Do you specifically follow manufacturer's guidelines for maintaining equipment? Yes No

Do you keep records of equipment service? Yes No

Describe fully or attach copy: _____

Housekeeping procedures—describe fully or attach copy: _____

Fire protection onboard mobile shredding units (please describe): _____

7. Equipment leased or rented to others (secure paper totes, personal shredders, etc. (input on ACORD 146 Equipment Floater Application)

8. Recycling services provided

Describe nature of recycled property handled: _____

Transport recyclable materials produced and owned by others Yes No

Transport of recyclable materials is performed by others Yes No

9. Contractual Risk Transfer

Applicant carefully reviews all contracts entered into Yes No

Subcontractors provide evidence of adequate insurance Yes No

Hold harmless in favor of applicant used Yes No

Additional Insured status required Yes No

Others name you as additional Insured Yes No

You are required to name others as additional Insured Yes No

10. Employee Controls

Number of Employees in the Current Year

FULL TIME	PART TIME	SEASONAL	TEMPORARY	VOLUNTEERS

Describe source(s) for new employees: _____

Background checks are performed: Always Seldom Never

Driving records important and checked: Always Seldom Never

Training Program: attach copy or describe _____

11. Disaster Recovery

Does applicant have a plan to address disaster recovery? (Attach a copy) Yes No

COMMERCIAL AUTO

1. Do you possess your own interstate authority? Yes No

If Yes, list FMCSA docket number _____

Address of authority holder _____

DOT # _____

2. Do you dispatch vehicles with more than one employee Yes No

3. Please average the number of stops per day per shredding truck: _____

4. Do you use owner/operators in your fleet operation? Yes No

5. Do you have driver eligibility guidelines? Yes No

Please attach a copy of guidelines or describe: _____



6. Do you provide delivery service for records retrieval requests? Yes No
7. Have you rented similar equipment to that included in your fleet? Yes No
 Describe frequency of rentals over past year: _____
 Annual rental cost (input on ACORD Business Auto Application section: Hired/Borrowed and Hired Physical Damage)

MISCELLANEOUS PROFESSIONAL LIABILITY – WARRANTY APPLICATION

1. List total gross receipts derived from activities described on page #1 of this application:
 Last year _____ Prior year _____ Forecast year _____
2. Describe the 3 largest jobs or projects during the past 3 years:

CLIENT NAME	SERVICES PROVIDED	GROSS RECEIPTS

3. Within the past 3 years have you given notice of any claim, circumstance or potential claim to any insurer under any insurance coverage referred to above? Yes No
 If Yes, please submit loss runs from your prior carrier.
4. Within the past 3 years, does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy? Yes No
 If Yes, attach a detailed description of such act, error or omission and an explanation of why a claim may arise.
5. Within the past 3 years have you cancelled or non-renewed any professional liability insurance policy? **(Not Applicable in Missouri)** Yes No
6. Has any person or entity proposed for this insurance been the subject of any professional liability claims, any disciplinary actions or been cited by any regulatory agency or professional association during the past three years? Yes No
 If Yes, please complete the table below.

DETAILS	COVERED BY INSURANCE	TOTAL PAID FOR DEFENSE (INCLUDING INSURED AMOUNTS)	TOTAL PAID FOR DAMAGES (INCLUDING INSURED AMOUNTS)	CORRECTIVE PROCEDURES IMPLEMENTED
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If additional space is needed, please submit additional page.

7. Is applicant a licensed professional (attorney, CPA, etc?) Yes No
 If Yes, please describe: _____
8. Number of principals, partners, officers and professional employees directly engaged in providing services to clients:

9. Use of independent contractors/subcontractors:
- a. Total percent of work performed by subcontractors _____%
 - b. Do subcontractors work exclusively for the applicant Yes No
 - c. Are all subcontractors required to carry E&O insurance Yes No
 - d. Provide name of subcontractor(s) Yes No
10. Does applicant utilize a written contract or letter of engagement with clients? All Some None
11. Please provide a detailed description of controls, processes or protocols used to protect client information or include copy of procedures manual.

DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts was made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance policy provided by us. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicants Organization between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately;
- Any policy issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the policy inception date that such information contained in the Application(s) were untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons if such information was material to issuance of the policy. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the policy inception date that such information contained in the Application(s) were untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons and the Applicant Organization if such information was material to issuance of the policy;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date **Signature/Title**

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Please attach a copy of the following for every Applicant seeking coverage:

- Previous carriers loss history (for the prior three years), if any.