

Covers regulated medical waste companies — collection and transport of biohazard, sharps, pathological, pharmaceutical, and trace chemo waste, treatment by autoclave or incineration, and sharps mail-back. General haulers use CWCO-SUP-WASTE; chemical waste haulers CWCO-SUP-HAZWASTE. Complete with ACORD 125, 126, and 127. Attach state permits, a vehicle schedule, and a sample generator service agreement.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	
Entity type: ☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other			
PRIMARY CONTACT / TITLE	PHONE	EMAIL	
STATE MEDICAL WASTE TRANSPORTER / TREATMENT PERMITS	USDOT NO. / HAZMAT REGISTRATION		

2 OPERATIONS

DESCRIPTION OF OPERATIONS (WASTE TYPES, CUSTOMERS, WHERE WASTE IS TREATED)

Waste handled (check all):

- ☐ Biohazard / red bag ☐ Sharps ☐ Pathological ☐ Trace chemotherapy ☐ Non-hazardous pharmaceutical ☐ Hazardous pharmaceutical
☐ Controlled substances ☐ Medical records shredding

Customers (check all):

- ☐ Hospitals ☐ Clinics / physician offices ☐ Dental offices ☐ Veterinary offices ☐ Labs ☐ Pharmacies ☐ Tattoo / body art
☐ Households (mail-back)

Size:

- Customers served Collection vehicles Tons per month Treatment sites Transfer / storage sites
 Employees

3 EXPOSURE & RISK QUESTIONS — TREATMENT, STORAGE & PERMITS

EPA settled with a Utah medical waste incinerator for a \$600,000 penalty plus \$2 million in clean school buses over emissions and testing violations.

3-1	Does the applicant operate its own treatment equipment (autoclave, incinerator, other)?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-2	Are stack tests, spore tests, or treatment validations done on schedule?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-3	Is waste stored at any site longer than state limits or without refrigeration?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-4	Does any site discharge wastewater to a sewer or treatment plant?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-5	Is treated waste sent to landfills or facilities the applicant does not own?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-6	Has a regulator cited, fined, or suspended a permit in the last 5 years?	☐ Yes ☐ No
	IF YES, EXPLAIN	

3-7 Are storage areas secured against public access? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — COLLECTION, DRIVERS & CONTRACTS

A Virginia hauler of used needles and blood-contaminated waste was fined \$75,000 and shut down for operating without permits and storing waste unrefrigerated.

4-1 Are drivers trained and certified in DOT hazmat and bloodborne pathogen rules? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Have workers had needlestick or blood exposures in the last 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are drivers and plant workers offered hepatitis B vaccination? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Do vehicles cross state lines or travel more than 200 miles from base? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Has a vehicle spilled or lost a container of medical waste? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Do customer contracts require the applicant to indemnify the generator? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the applicant handle patient records or controlled substances? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	DRIVER PAYROLL (\$)	TREATMENT PLANT PAYROLL (\$)
ANNUAL REVENUE (\$, ILLUSTRATIVE)	PRIOR YEAR REVENUE (\$, ILLUSTRATIVE)	SUBCONTRACTED DISPOSAL COSTS (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT LIABILITY CARRIER	LIMIT / DEDUCTIBLE	EXPIRATION DATE

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a pollution, exposure, or spill claim been made against the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1

Is there a written exposure control plan reviewed every year?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2

Are manifests and certificates of destruction kept for every load?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3

Is every vehicle equipped with a spill kit and a written spill plan?

☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE