

RecycleGuard[®]

SUBMISSION CHECKLIST

- Completed Acord 125** (Insured signature required if bound)
- 5 years currently valued loss runs**
- Explanation of losses over \$10,000, if any** (including explanation of what has been done to prevent a reoccurrence)
- Complete drivers list** - If Private Passenger and/or DOC coverage is requested, please list all family members who will be driving the personal use vehicles
- MVR's** (if available)
- Complete Vehicle Identification Numbers** (VIN)
- Cost new on vehicle schedule**
- Federal Employer Identification Number** (FEIN)
- Workers' Compensation Experience Modification Worksheet** (if applicable)
- Supplemental Applications with Insured's signature:**
Click on the links below or go to the website www.programs.amwins.com. Click on the "Resources" tab then "Program Resources Library". Find the RecycleGuard Program. Download the following PDF application(s):
 - [RecycleGuard Supplemental Questionnaire](#)
 - [Supplemental - Rubber](#)
 - [Supplemental - Auto Dismantlers](#)
- Expiring Premiums and/or Target Premiums** – by line of coverage

Property Details (for each building):

- Year Built Total Area # Stories Construction Type Occupancy Renovations
(Dates and Details)

Thank you for your business.

Send completed applications to:

Susan M. Diecidue
Underwriting Manager
RecycleGuard Insurance Program
Toll Free: (888) 225-4725
Direct Phone: (603) 334-3019
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Email: susan.m.diecidue@willistowerswatson.com