



RECYCLING CENTERS & GARBAGE COLLECTING SUPPLEMENTAL APPLICATION

1. Named Insured: _____

2. Please provide details of operation: _____

3. Does the applicant carry Commercial Automobile Liability coverage? Yes No

What limits are maintained? \$ _____

4. Is the applicant in compliance with all local, state, and federal regulations? Yes No

5. Is the premises completely fenced? Yes No

6. Any processing of recyclables or refuse performed? Yes No

If yes, please describe: _____

7. Any repair or refurbishing of items performed? Yes No

If yes, please describe: _____

8. Is there an incineration facility? Yes No

9. Does the applicant own or manage a landfill or refuse dump? Yes No

10. Is hazardous, medical, or industrial waste collected? Yes No

11. Any battery recycling or disposal operations? Yes No

12. Any collection of wood, paper, cardboard, or tires? Yes No

13. If the applicant is an anti-freeze recycler, do they recycle away from the customers' premises and dispose of waste for customers? Yes No N/A

14. Any oil collection operations? Yes No

If yes, type(s) of oil: _____

15. Is the applicant a junkyard dealer? Yes No

16. Any salvage operations? Yes No

17. Any underground storage / fuel tanks? Yes No

18. Is there a smelting/foundry exposure? Yes No

SUBCONTRACTED WORK: If no subcontractors are used, check here .

19. What work are the subcontractors hired to do?
_____ % _____ % _____ %

20. Are Certificates of Insurance obtained prior to subcontractors starting work? Yes No

21. Is the applicant named as an Additional Insured on the subcontractor's policy? Yes No

Applicant's Signature: _____ Date: _____