



Waste Haulers Supplemental Application

General Agent Name

Insured: _____

Date: _____

Please provide full details of operation:

Any Losses in the past three (3) years? Yes No If yes, please provide details:

Years in Business: _____ Years of Experience: _____
Gross Receipts: \$ _____ Number of Employees: _____ Payroll: \$ _____

Does Applicant carry Auto Coverage? Yes No If "Yes", what limits are maintained: \$ _____

Do local, state, or federal statutes regulate facility and is insured in compliance with these? Yes No
Is facility completely fenced? Yes No

ELIGIBILITY CHECKLIST

If answer is "Yes" to any of the following, the operation is not eligible under this PDQ.

- Is Hazardous/Medical/Industrial Waste collected? Yes No
- Is there an incineration facility? Yes No
- Does Applicant own or manage a landfill or refuse dump? Yes No
- If Applicant is a scrap iron dealer or an iron/steel merchant, are metals processed?* Yes No
- If Applicant is an anti-freeze recycler, do they recycle away from the customer's premises and dispose of waste for customer?* Yes No
- Is Applicant involved in oil collection?* Yes No
- Is Applicant a junkyard dealer?* Yes No
- Is Applicant involved in battery recycling or disposal?* Yes No
- Any salvage operations?* Yes No
- Any underground storage/fuel tanks?* Yes No
- Is there a smelting/foundry exposure?* Yes No
- Is Applicant involved in any hired snow removal operations? Yes No

*** = If Applicant answers "Yes" to any question with an '*', please submit to your Property/Casualty u/w.**

SUBCONTRACTED WORK

What are the operations of hired subcontractors and their percentage of business?
 _____ % _____ %
 _____ % _____ %

Are certificates of insurance obtained prior to subcontractors starting work? Yes No
 Are you named as an Additional Insured on the subcontractor's policy? Yes No

I hereby certify that all information is complete and accurate to the best of my knowledge:

Applicant Signature: _____

Date: _____

Producer: _____

Date: _____

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Any failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.