



SCRAP RECYCLING SUPPLEMENTAL APPLICATION

COMPANY NAME: _____	EFFECTIVE DATE: _____
ADDRESS: _____ _____	YEAR BUSINESS STARTED: _____
	MANAGEMENT EXPERIENCE IN INDUSTRY: _____ years
PHONE NUMBER: () _____	FEDERAL ID#: _____
CONTACT NAME: _____	
TRADE ASSOCIATION MEMBERSHIPS / AFFILIATIONS: _____	NUMBER OF EMPLOYEES: _____

OPERATIONS

RECYCLING AND PROCESSING MATERIAL – (INDICATE % OF ANNUAL SALES / REVENUE):

<p>METAL:</p> <p>ALUMINUM _____ %</p> <p>BRASS _____ %</p> <p>CHROMIUM _____ %</p> <p>COPPER _____ %</p> <p>IRON/STEEL _____ %</p> <p>LEAD _____ %</p> <p>NICKEL _____ %</p> <p>ZINC _____ %</p> <p>OTHER _____ %</p>	<p>OTHER:</p> <p>PLASTIC _____ %</p> <p>RUBBER _____ %</p> <p>PAPER _____ %</p> <p>GLASS _____ %</p> <p>CLOTH _____ %</p> <p>CHEMICAL _____ %</p> <p>OTHER NON-METAL _____ %</p>
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ANNUAL VOLUME FOR 3 YEARS		
YEAR	TOTAL ANNUAL SALES / REVENUE	TOTAL ANNUAL TONNAGE
PROJECTED FOR NEXT YEAR		
ACTUAL CURRENT YEAR		
ACTUAL PRIOR YEAR		

MAJOR SOURCES OF RECYCLE MATERIAL	
MAJOR SOURCES	PERCENTAGE (%) OF MATERIALS RECEIVED FROM SOURCE
MANUFACTURERS	
MUNICIPALITIES	
DISMANTLERS	
CONTRACTORS	
PUBLIC CUSTOMERS	

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DO YOU OWN OR OPERATE A LANDFILL? YES NO
IF YES, PLEASE DESCRIBE OPERATIONS, MATERIALS ACCEPTED AND PROVIDE ADDRESS: _____

DO YOU OWN OR OPERATE A RECYCLING COLLECTION CENTER? YES NO
IF YES, PLEASE DESCRIBE OPERATIONS, MATERIALS ACCEPTED AND PROVIDE ADDRESS: _____

DO YOU OWN OR OPERATE AN AUTOMOBILE DISMANTLING OPERATION? YES NO
IF YES, PLEASE DESCRIBE OPERATIONS AND PROVIDE ADDRESS: _____

DO YOU ALLOW THE GENERAL PUBLIC ON YOUR PREMISES? YES NO
IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:
AVERAGE NUMBER OF DAILY AND WEEKLY VISITORS _____
DESCRIBE ALL AREAS THAT THE PUBLIC IS PERMITTED _____

DO YOU ACCEPT ANY OF THE FOLLOWING MATERIALS?
TRANSFORMERS YES NO
ELECTRICAL CAPACITORS YES NO
AUTO AIR BAGS YES NO
BATTERIES YES NO
OIL YES NO
LEAD PAINT YES NO
FREON YES NO
ANTIFREEZE YES NO
APPLIANCES CONTAINING PCB'S YES NO
SYSTEMS CONTAINING CFC'S YES NO

IF YES TO ANY OF THE ABOVE, PLEASE DESCRIBE PROCEDURES FOR IDENTIFYING AND DISCARDING ANY HAZARDOUS SUBSTANCES _____

DO YOU HAVE THE FOLLOWING PREMISES PROTECTION?
FENCED YARD YES NO
ALARM SYSTEM YES NO
GUARD DOGS YES NO

DO YOU PERFORM ANY OF THE FOLLOWING OFFSITE WORK?
COLLECTION YES NO
CONTAINERS / DUMPSTERS YES NO
DISMANTLING YES NO
DEMOLITION YES NO
WRECKING YES NO
SALVAGE YES NO
OTHER _____ YES NO IF YES, DESCRIBE WORK _____

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HAVE YOU EVER BEEN CITED BY THE ENVIRONMENTAL PROTECTION AGENCY? YES NO
IF YES, PLEASE PROVIDE DETAILS _____

EQUIPMENT

DO YOU OWN ANY OF THE FOLLOWING TYPES OF EQUIPMENT?

- | | | |
|-----------------------------|---------------------------|--------------------------|
| AUTOMOBILE SHREDDER | <input type="radio"/> YES | <input type="radio"/> NO |
| HYDRAULIC SHEARS | <input type="radio"/> YES | <input type="radio"/> NO |
| BALING PRESS | <input type="radio"/> YES | <input type="radio"/> NO |
| SWEAT FURNACE / INCINERATOR | <input type="radio"/> YES | <input type="radio"/> NO |
| CRANES | <input type="radio"/> YES | <input type="radio"/> NO |
| CONVEYORS | <input type="radio"/> YES | <input type="radio"/> NO |
| RADIATION DETECTION | <input type="radio"/> YES | <input type="radio"/> NO |
| ALLOY SORTERS | <input type="radio"/> YES | <input type="radio"/> NO |
| MAGNETIC SEPARATORS | <input type="radio"/> YES | <input type="radio"/> NO |

DO YOU EVER RENT OR LEASE EQUIPMENT TO OTHERS? YES NO
IF YES, DO YOU PROVIDE OPERATORS? YES NO

DESCRIBE TYPE OF EQUIPMENT _____

DO YOU HAVE FULL-TIME EQUIPMENT MAINTENANCE STAFF? YES NO

HOW OFTEN IS EQUIPMENT MAINTENANCE PERFORMED? _____

OTHER

PROVIDE ADDITIONAL INFORMATION:

COMPANY POLICY AND PROCEDURES FOR THE FOLLOWING

HAZARDOUS MATERIAL IDENTIFICATION _____

RADIOACTIVE MATERIAL IDENTIFICATION _____

SAFETY _____

TRAINING _____

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FRAUD WARNING AND SIGNATURE

WARNING – Any person who with intent to defraud to knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

THE SIGNATURE OF THE APPLICANT VERIFIED THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND NO MISREPRESENTATIONS HAVE BEEN MADE.

Insured's Signature _____ Date: _____

Agent/Producer Signature _____ Date: _____