

MAIN SALES INSURANCE SOLUTIONS, INC.

RECYCLING CENTERS AND GARBAGE WORKS SUPPLEMENTAL

Insured: _____ Date: _____

Please provide details of operation: _____

(If you need more room, attach separate page.)

Any Losses in the past Three Years? If so, please provide details: _____

Years in Business: _____ Years of Experience: _____

Gross Receipts: \$ _____ # of employees: _____ Payroll: \$ _____

Does Applicant Carry Auto Coverage? Yes No What Limits are maintained: \$ _____

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

Is yard completely fenced? Yes No

ELIGIBILITY CHECKLIST

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 customers 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

SUBCONTRACTED WORK

• What work are the subcontractors hired to do? _____ % _____ % _____ %

• 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 accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____