

PROGRAM UNDERWRITERS

Account Name _____
Address _____
City _____ State _____ Zip _____

Hauling

1. Type of collection:

Residential _____ %
Commercial _____ %
Construction _____ %
Industrial _____ %
Medical _____ %
Septage _____ %
Used Oil _____ %
Asbestos _____ %
Other Hazardous or
Special Waste _____ %
(Please describe) _____

2. Do you use recapped tires - Front Yes No
Rear Yes No

3. Is equipment maintained on a regular schedule? Yes No

4. Do you provide the maintenance for your trucks? Yes No

5. What is the mileage radius of your operations? _____ Miles

6. Where are your trucks stored? _____

7. Is there security at the storage site? Yes No

If so, what type? _____

Sweeping

1. Type of sweeping operation:

Public Streets _____ %
Parking Lots _____ %
Line Painting _____ %

Landfills

1. What type of landfill do you own/operate?

Hazardous
 Non-Hazardous

2. What types of waste are accepted?

- Municipal Solid Waste _____ %
- Demolition and Construction Waste _____ %
- Special or Residual Industrial Waste _____ %
- Wastewater Treatment Sludges _____ %
- Incenerator Ash Residue _____ %
- Asbestos _____ %
- Medical/Infectious Waste _____ %
- Other Special Waste _____ %
- (Please Describe) _____

3. What is the acreage currently permitted for waste disposal? _____ Acres

4. Year when landfilling began? _____

5. How much waste is accepted per day? _____ Tons

6. What were total revenues received for waste disposal for the most recent fiscal or calendar year? \$ _____

7. Is the area fenced? Yes No

8. Do you accept waste from the general public in small vehicles? Yes No

9. If yes to question #8, do you provide a separate unloading area away from large commercial trucks that use the site? Yes No

10. Do you currently have Environmental Impairment Liability Insurance? Yes No

Hazardous/Medical Waste Operations

1. Please indicate the area(s) listed below in which your company provides services by listing the approximate percentage of your company's operations:

- Consulting Services _____ %
- Cleaning Pipes/Tanks or Sites _____ %
- Closures - UST's/ASTs _____ %
- Handling Bulk or Contained Liquids _____ %
- Handling Bulk or Contained Solids _____ %
- Recycling/Reclamation _____ %
- Site Cleanup/Restoration _____ %
- Spill Cleanup/Restoration _____ %
- Thermal Destruction -
Kilns/Incinerators/Furnaces _____ %
- Treatment - Biological/Chemical _____ %
- Treatment Autoclave/Microwave _____ %
- Radioactive Waste _____ %

Transfer Station Operations

1. Number of acres of land involved in your current operation? _____ Acres
2. Do you accept waste from the general public in small vehicles? Yes No
3. If yes to question #2, do you provide a separate unloading area away from large commercial trucks that use the facility? Yes No
4. What were the total revenues received from transfer operations for the most recent fiscal or calendar year? \$ _____

Recycling Operations

1. Do you recycle materials other than glass, metal, plastics, paper or wood? Yes No
2. What were the total revenues received from recycling operations for the most recent fiscal year or calendar year? \$ _____

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the Insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for Insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false Information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of Insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with Intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading Information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with Intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance Is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It Is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties Include Imprisonment, fines and denial of Insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties Include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which Is a crime in many states.

The applicant represents that the above statements and facts are **true and that no material facts have been suppressed or misstated.**

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby Incorporated by reference Into this application and made a part hereof.

Notice to Applicant	
The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage_ Applicant's acceptance of the company's quotation is required prior to binding coverage and policy Issuance. The coverage applied for Is solely as slated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily Injury and property damage liability coverage for claims first made against the insured and reported to the insurer, In wriiing, during the policy period. All written statements and materials furnished to the company In conjunction with this application are hereby Incorporated by reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.	
Applicant Signature	
Printed Name	
Title	
Date	