

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**

**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 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

**If you answer "Yes" to any questions with an '\*', please submit to your Industrial Casualty u/w.**

**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: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select your option below: