



Recycling Collection Centers

General Liability - Supplemental Application

(Complete in addition to ACORD)

1. Name of Applicant: _____
2. Annual Gross Sales: \$ _____
3. What types of materials are being recycled? _____

4. Is your premises fully fenced? Yes No
5. Do you operate a drop-off center where citizens can drop off their recyclables? Yes No
6. Do you do curbside recycling pick-ups? Yes No
If yes, describe pick-up operations: _____
7. Do you operate a fleet of trucks? Yes No If yes, how many trucks do you own? _____
8. Do you subcontract hauling operations? Yes No
If yes, do you require them to provide certificates of liability insurance to you? Yes No
9. Number of employees: _____
10. Describe the training your workers receive in recognizing and responding to the presence of potentially dangerous items, such as aerosol cans, in the waste stream?

11. Are your sorting processes conducted manually or are they automated? **(Check all that apply.)**
 Manual sorting Automated sorting
If automated, describe equipment and machinery used: _____

12. What are your hours of operation? _____
13. Do you use any volunteer workers for sorting? Yes No
If yes, number of volunteer workers: _____
14. Are there any above ground or below ground storage tanks on your premises? Yes No
If yes, advise age, type, condition, and construction of tanks: _____

- Has a Tank Monitoring System for detecting leaks been installed? Yes No
15. Do you use any Container Deposit Systems off of your premises? Yes No
If yes, describe: _____
16. Do you do any recycling operations other than collecting and sorting? Yes No
If yes describe: _____
17. Do you collect or dispose of any of the following? **(Check all that apply.)**
 Ash Automotive oil Car batteries Cooking oil Garbage Household batteries
 Paint Vehicles White goods (stoves, refrigerators, etc.) Any other Hazardous Materials
 If any other hazardous materials, describe: _____

Applicant's Signature

Date

Title

Producing Agent