



Hull and Company/Atlanta
3525 Piedmont Road
Building 5, Suite 700
Atlanta, Georgia 30305
P. 770-643-2703

RECYCLER PROGRAM GENERAL LIABILITY APPLICATION

Applicant's Name: _____	Agency Name: _____
_____	Agent No.: _____
Mailing Address: _____	Address: _____
_____	_____
Location Address: _____	E-mail: _____
_____	Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify) _____

Website Address: _____

E-mail Address: _____ Phone No.: _____

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

1. Description of operations: _____
2. How long has applicant been in business?
3. Annual gross sales:..... \$
4. Number of off-site collection locations:.....

5. Does applicant rent any containers?..... ☐ Yes ☐ No

If yes: Number of containers annually: _____ Receipts: \$ _____

6. Indicate which of the following materials are collected by the applicant:

Aluminum..... ☐ Yes ☐ No Nickel ☐ Yes ☐ No

Batteries..... ☐ Yes ☐ No Oil collection ☐ Yes ☐ No

Chemicals..... ☐ Yes ☐ No Paper ☐ Yes ☐ No

Clothing..... ☐ Yes ☐ No Plastics ☐ Yes ☐ No

Copper ☐ Yes ☐ No Power Transformers ☐ Yes ☐ No

Electronics: Rags ☐ Yes ☐ No

Computers..... ☐ Yes ☐ No Rubber recycling..... ☐ Yes ☐ No

Monitors..... ☐ Yes ☐ No Scrap metal..... ☐ Yes ☐ No

Televisions ☐ Yes ☐ No Tin ☐ Yes ☐ No

Other (Specify): _____ Vehicle fluids..... ☐ Yes ☐ No

Glass..... ☐ Yes ☐ No (Specify): _____

Grease collection ☐ Yes ☐ No Wood pallets ☐ Yes ☐ No

Hospital/medical materials..... ☐ Yes ☐ No Zinc ☐ Yes ☐ No

Iron..... ☐ Yes ☐ No Other (Specify): _____

Lead ☐ Yes ☐ No Other (Specify): _____

7. Does applicant collect any hazardous materials not identified above? ☐ Yes ☐ No

If yes, explain: _____

8. Is there any processing of materials beyond sorting? ☐ Yes ☐ No

If yes, describe: _____

9. Does applicant have any underground storage/fuel tanks? ☐ Yes ☐ No

10. Does applicant engage in the following operations?

Auto dismantling ☐ Yes ☐ No Remanufacturing/refurbishing of products ... ☐ Yes ☐ No

Garbage or refuse haulers..... ☐ Yes ☐ No Salvage operations..... ☐ Yes ☐ No

Iron or steel merchants ☐ Yes ☐ No Scrap metal dealers..... ☐ Yes ☐ No

Junk yards or junk dealers..... ☐ Yes ☐ No Smelting/foundry operations..... ☐ Yes ☐ No

Landfills or dumps..... ☐ Yes ☐ No Tire storage or shredding operations ☐ Yes ☐ No

Manufacturing of recycling equipment..... ☐ Yes ☐ No Other (Specify): _____

11. Does applicant provide document shredding operations? ☐ Yes ☐ No

If yes, is a Certificate of Destruction provided to the customer upon completion? ☐ Yes ☐ No

12. Are guard dogs used on the premises? ☐ Yes ☐ No

If yes: What type of dogs and how many? _____

How are they controlled during operating hours? _____

Are dogs owned by the applicant or hired from a service? _____

If hired by a service, is applicant named as an additional insured on their liability policy? ☐ Yes ☐ No

13. Are sorting areas fenced and separated from areas accessible to the public? ☐ Yes ☐ No

14. Are smoking areas posted and controlled? ☐ Yes ☐ No

15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... ☐ Yes ☐ No

If yes, describe: _____

16. Does applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☐ No

If yes, explain and advise where insured: _____

17. Additional Insured Information:

Name	Address	Interest

18. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Coverage					
Policy No.					
Total Premium	\$	\$	\$	\$	\$

19. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses last five years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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 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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 insurer 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 KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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: 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 RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

————— IMPORTANT NOTICE —————

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.