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**RECYCLING CENTERS & GARBAGE WORKS
SUPPLEMENTAL APPLICATION**

_____ General Agent Name
Address: _____

Phone: _____
Fax: _____

Date: _____
Insured: _____ Location: _____
Description of Operations: _____

Describe All Losses in the past Three Years: _____

Years in Business: _____ Years of Experience: _____
Gross Receipts: _____ Cost of Subcontracted Labor: _____
Percentage of Work: Residential _____% Commercial _____% Industrial _____%
Does Applicant Carry Auto Coverage? yes___ no ___
Are Certificates of Insurance Obtained from Subcontractors? yes___ no ___
Do local, state or federal statutes regulate facility? 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 ___
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 ___
Does applicant own or manage a landfill or refuse dump? 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 an incineration facility? yes___ no ___
Is there a smelting/foundry exposure? yes___ no ___
Has applicant ever been canceled for non-payment of premium or non-renewed in the past three years? yes___ no ___

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____