

Environmental Industry Associations Insurance Programs

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? \$ _____