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Recycling Centers & Garbage Works Supplemental Application

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 Program.

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: _____