

**RECYCLER'S COMPOSITE PACKAGE APPLICATION – CGL / PROPERTY**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Limited Liability Company

Website Address: \_\_\_\_\_

**SECTION 1 – COMMERCIAL GENERAL LIABILITY**

1. Year Company Established: \_\_\_\_\_ Years of experience: \_\_\_\_\_

	Actual Gross Receipts for the past 12 months	Estimated Gross Receipts for the next 12 months
Canada		
US		

3. No. of employees: \_\_\_\_\_

4. Projected tonnage for all recycling operations: \_\_\_\_\_

5. Do you have Commercial Auto coverage on all vehicles?  YES  NO

If yes, limits of liability carried: \$ \_\_\_\_\_

6. **Description Of Operations (Indicate the percentage for each of the following materials collected by the applicant):**

Aluminum/Copper/Nickel/Scrap Metal/Tin/Iron	%	Hospital / medical materials	%
Bottles (glass/plastic)	%	Lead	%
Batteries/Oil/Antifreeze	%	Medical Supplies	%
Chemicals	%	Oil collection (used)	%
Clothing/Textiles/Furniture	%	Paper/Cardboard(Bailed)	%
Construction Materials (e.g. drywall)	%	Plastics	%
Debris (containing asbestos/lead)	%	Power Transformers	%
Electronics(Computers/Monitors/Televisions)	%	Rags	%
Fridge/freezers	%	Rubber recycling - <i>please complete Rubber Supplemental Application</i>	%
Glass	%	Solvents	%
Green Composting	%	Vehicle fluids - (Specify):	%
Grease collection	%	Wood pallets	%
Other (Please Specify):			

7. **Other Operations:**

Does applicant engage in the following operations?

Auto dismantling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hauling for others	<input type="checkbox"/> YES <input type="checkbox"/> NO
Garbage or refuse haulers	<input type="checkbox"/> YES <input type="checkbox"/> NO	Remanufacturing/refurbishing of products	<input type="checkbox"/> YES <input type="checkbox"/> NO
Iron or steel merchants	<input type="checkbox"/> YES <input type="checkbox"/> NO	Salvage operations	<input type="checkbox"/> YES <input type="checkbox"/> NO
Junk yards or junk dealers	<input type="checkbox"/> YES <input type="checkbox"/> NO	Scrap metal dealers	
Landfills or dumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Smelting/foundry operations	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. Is there any processing of materials beyond pure collection and drop off?  YES  NO

If yes, indicate below:

Grinding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hot Works/Processes (other than incidental welding/torch cutting)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dismantling	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Disassembling/Stripping Chemicals	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other operations: please describe:	

9. Does applicant provide bins, dumpsters or trailers at customer sites for collection purposes?  YES  NO

If yes, how many: \_\_\_\_\_

**Subcontracted Operations:**

10. Describe any operations subcontracted to others: \_\_\_\_\_
11. Are certificates of insurance required from sub-contractors?  YES  NO
12. Do subcontractors name applicant as an additional insured on their policy?  YES  NO

**Material Handling:**

13. How is the recycled material received and handled? \_\_\_\_\_
14. Employees trained in hazardous waste identification?  YES  NO
15. Is there a formal response and control program in place for a hazardous substance leak or spill?  YES  NO
16. What is the procedure if radioactive material is received? \_\_\_\_\_  
Describe the radiation detection equipment used: \_\_\_\_\_  
Number of Employees trained in utilization: \_\_\_\_\_
17. Are sorting areas fenced and separated from areas accessible to the public?  YES  NO
18. Do you have any end products sold as new or used (including e-recycling products)?  YES  NO
- a) Do you provide warranties for these products?  YES  NO
- b) Describe these products, who sold to, and the end user: \_\_\_\_\_

**REQUIRED CGL COVERAGE LIMITS:**

Commercial General Liability	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
Non Owned Automobile Liability	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000			
<p><b>*** PLEASE NOTE – Commercial General Wording contains an absolute pollution exclusion***</b>  <b>For specific Pollution Coverage's we refer you to Environmental Impairment Liability – application</b></p>					

**SECTION 2 – PROPERTY**

19. Full Address of property to be insured: \_\_\_\_\_
20. Are the premises in a good state of repair and is all plant and machinery in good order?  YES  NO
21. Are you the Sole Occupier or Tenant of the Buildings at the premises?  YES  NO
- If No, please provide full details of other occupants and their trades/business:  
Other Occupant(s): \_\_\_\_\_

**Construction**

22. Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_
23. Building Construction:  HCB/Masonry  Frame  Metal Clad  Other: \_\_\_\_\_
24. Latest Updates:
- Roof Year: \_\_\_\_\_  Partial  Full      Roof Construction:  Concrete  Steel Deck  Wood Joist  Patent
- Heat Year: \_\_\_\_\_  Partial  Full
- Plumbing Year: \_\_\_\_\_  Partial  Full
- Electrical Year: \_\_\_\_\_  Partial  Full

**Protection**

25. Monitored Alarm System?  YES  NO      Building Sprinklered?  YES  NO
- Surveillance System?  YES  NO
26. Hydrant within \_\_\_\_\_  Feet  Meters
27. Fire hall  Fulltime \_\_\_\_\_ kms       Volunteer \_\_\_\_\_ kms
28. Is combustible material and/or waste stored outside within 6 meters of any building or outbuilding?  YES  NO
- If yes, please give full details: \_\_\_\_\_

29. Are flammable liquids or hazardous chemicals used or stored?  YES  NO

If yes, please give full details: \_\_\_\_\_

30. Are Smoke Detectors fitted in and/or to the premises?  YES  NO

**REQUIRED PROPERTY COVERAGE LIMITS:**

Property Coverage	Deductible	Limit Required
Building		
Equipment		
Leasehold Improvements		
Stock		
Profits – 12 Months Indemnity Period		
Extra Expense		
Contractors Equipment Schedule Item Description (Year, Make, Model, Serial #)		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

**PREVIOUS INSURANCE:**

31. Current Carrier: \_\_\_\_\_ Expiring CGL Premium: \_\_\_\_\_ Expiring Property Premium: \_\_\_\_\_

32. Have you ever had insurance that's been cancelled/declined or non-renewed?  YES  NO

If yes, please give full details: \_\_\_\_\_

**LOSS HISTORY – ALL:**

33. Indicate all claims or losses that may give rise to claims for the prior five years.

Check if no losses last five years

Date of Loss	Description of Loss	Amount Paid	Claim Status (Open or Closed)
		\$	
		\$	
		\$	

**DECLARATION / CONSENT:**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Printed Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Broker phone: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\***

**Vancouver - T 604.669.5211 F 604.669.2667**