

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

- | | | | |
|----|--|----------------------------------|--------------------------|
| 1. | Number of years' experience: _____ | | |
| | | Yes | No |
| 2. | Do you own a landfill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do you now, or have you in the past, hauled toxic waste? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Do you own your own dumpsters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Estimated gross sales from Garbage/Refuse Hauling: \$ _____ | | |
| 6. | Estimated gross sales from Dumpster/Container Rental: \$ _____ | | |
| 7. | Number of Dumpsters: _____ | Value of Each Dumpster: \$ _____ | |
| 8. | Percentage of your sales from Manufacturers: _____ | % | |

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address