



MARKEL SOUTHWEST UNDERWRITERS, INC.

RECYCLING SUPPLEMENT

(Include Acord application)

Applicant's Name _____ Location Address: _____
 Mailing Address _____

Is applicant properly licensed where required by law? Yes No License Number _____
 Number of active owners/officers/partners: _____ Number of Employees _____
 Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs Costs _____

List percentage of operations under the following					
Aluminum	%	Oil Collections	%	Chemicals	%
Batteries	%	Paper/Newspaper	%	Glass	%
Cardboard/Chipboard	%	Plastics	%	Hazardous Materials	%
Styrofoam	%	Scrap Metal/Wire	%	Tires	%

Please detail all "yes" answers to the following questions below.

Any guard dogs on premises? Yes No Is premises fully fenced? Yes No
 Are there fire safety precautions in place? Yes No
 Does applicant own or operate a landfill or dump? Yes No
 Does applicant use any process other than bailing, crushing, or shredding? Yes No
 Does applicant have a smelting or foundry exposure? Yes No
 Does applicant haul refuse or garbage for others? Yes No
 Does applicant provide receptacles for collection of materials? Yes No
 Does applicant engage in any salvage operations? Yes No
 Does applicant store any LPG, chemicals, or other flammable liquids on premises? Yes No
 Any security/watchman on duty? Yes No

If yes, please indicate how many: _____ Employed _____ Subcontracted _____ Armed _____ Unarmed
 How does applicant dispose of acids, chemicals, or hazardous materials? _____

EPA approved site? Yes No

Details:

Attach a copy of the applicant's contract and last Workers Compensation audit.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____