



James River Insurance Company and its Subsidiaries

6641 West Broad Street, Suite 300
Richmond, VA 23230

Recycling, Salvage Yards, Auto Dismantling Application

GENERAL CASUALTY Division
Email to GC@jamesriverins.com or,
Fax to 804-420-1054

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

RECYCLING CENTERS, SALVAGE YARDS AND AUTO DISMANTLING SUPPLEMENTAL APPLICATION

Named Insured: _____
 Contact Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Website: _____
 E-mail address: _____
 Requested Effective Date: _____

1. What are the days & hours of operation? _____
2. Is the General Public or other Third Parties allowed on the premises? Yes No
 If yes, explain reason for visit and provide associated controls to prevent injury and advise if there is a designated drop area: _____
3. Does the applicant own or operate a landfill or dump? Yes No
4. Is the applicant's premise fenced? Yes No
 If yes, please describe (i.e. height, construction, gates, etc) _____
5. Are there security guard(s), security cameras, a security system in place, or guard dogs? If yes, please describe: Yes No
6. Number of full-time employees: _____ Number of part-time employees: _____
7. Are there fire extinguishers on the premises and have fire extinguishers been serviced and tagged within the past year? Yes No
8. Does the applicant store any LPG, chemicals, or other flammable liquids on the premises? Yes No
 If yes, please explain: _____
9. Estimated Annual Sales: _____ Payroll (excl. owner) _____ Subs Costs _____
10. Are there any firearms on the premise? Yes No

Auto Dismantling and Salvage Yards Operations:

11. Is there any auto repair work taking place on the premises? Yes No
12. Does applicant operate crushers, cranes, lift trucks & yard trucks? Yes No
 If yes, please describe: _____

13. Does the applicant stack autos in the yard? Yes No
14. Are customers allowed to remove parts? Yes No
 If yes, are customers to use their own tools or are tools provided for them? _____
15. Describe how waste oil, old batteries, and tires are stored & handled. _____
16. Does applicant treat or repair any salvaged parts prior to re-sale? Yes No
17. Do employees accompany customers in the yard at all times? Yes No
18. Is there any torching or welding operations taking place? Yes No
19. Is there any smelting or incineration operations taking place? Yes No

Recycling Operations:

1. Does the applicant use any process other than bailing, crushing, or shredding? Yes No
 If yes, please describe: _____
2. Does the applicant haul refuse or garbage for others? Yes No
3. Does the applicant provide receptacles for collection of materials at other locations? Yes No
 If so, how many locations? _____
4. Describe how the applicant disposes of acids, chemicals, or hazardous materials. _____

5. List the percentages of operations under the following:

Aluminum	_____	Plastics	_____	Yard Waste	_____
Batteries	_____	Scrap Metal/Wire	_____	Cloth/textile	_____
Cardboard/Chipboard	_____	Chemicals/Liquids	_____	Concrete asphalt	_____
Styrofoam	_____	Glass	_____	Electronics	_____
Oil Collections	_____	Hazardous Materials	_____	Construction Materials	_____
Paper/Newspaper	_____	Tires	_____		

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

Producer's Signature (if applicable):

Applicant's Name (print):

Producer's Name (print):

Date (MM/DD/YY):

Date (MM/DD/YY):