



3250 Interstate Drive, Richfield, OH 44286

National Interstate Insurance Company

National Interstate Insurance Company of HI

Triumphe Insurance Company

## Material Recovery Facility (MRF), Recycling Center, and/or Transfer Station Supplemental Application

**APPLICANT INFORMATION**

*This supplemental must accompany the Waste Operations Primary Application.*

Applicant's Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

**Location Information: (If more than one location, complete one supplemental application for each location.)**

<b>Does your operation involve transfer of waste to any of the following?</b>	<b>Owned:</b>	<input type="checkbox"/> Material Recovery Facility	<input type="checkbox"/> Recycling Center	<input type="checkbox"/> Transfer Station
	<b>Non-Owned:</b>	<input type="checkbox"/> Material Recovery Facility	<input type="checkbox"/> Recycling Center	<input type="checkbox"/> Transfer Station

Facility's Address: \_\_\_\_\_

*(Include City, State and Zip)*

If you are the operator and not the owner, who is the owner? \_\_\_\_\_

Is the facility used by other haulers?  Yes  No      Percent of operations from other haulers: \_\_\_\_\_

Is the facility open to the public?  Yes  No      Percent of operations from public use: \_\_\_\_\_

What type of dumping method is used?  Pit or Multi-Level Method     Floor Method     Combination

What types of materials are accepted? \_\_\_\_\_

Are any hazardous materials stored?  Yes  No      If Yes, longest period of storage? \_\_\_\_\_ days

Are you required to maintain any EPA permits to operate this facility?  Yes  No

If Yes, what EPA permits do you maintain? \_\_\_\_\_

<b>Describe traffic patterns and controls of the facility (include attendants, separation of public and general haulers, etc.)</b>	
<b>Describe your safety controls. Attach additional pages if necessary.</b>	
<b>Describe fire protection at this facility.</b>	
<b>Describe procedures for identifying and handling hazardous waste.</b>	
<b>Describe your hazardous material training.</b>	

Operational Information						
Square footage of site:	sq. ft.	Is the facility:	<input type="checkbox"/> Fenced	<input type="checkbox"/> Gated	<input type="checkbox"/> Locked	<input type="checkbox"/> Lighted
No. of days/week operated:	days	Hours of operation:				
Is a traffic attendant on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of attendants:		Any armed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If any are armed, is there a separate liability policy for this risk?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, attach dec page.		
Do you conduct tours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, number/yr.:				
No. of employees on site:		Number permanent:		Number temp.		

Please read the following carefully and sign below.

### FRAUD WARNING STATEMENTS

#### ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

#### ARKANSAS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

#### FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

## **LOUISIANA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **MAINE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

## **MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## **NEW YORK**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

## **NEW MEXICO**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

## **OHIO**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

## **OKLAHOMA**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

## **PENNSYLVANIA**

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 subjects such person to criminal and civil penalties.

## **RHODE ISLAND**

Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **TENNESSEE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## **VIRGINIA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## **WASHINGTON**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## **WEST VIRGINIA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **ALL OTHER STATES**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.

The undersigned applicant (Applicant) hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this Applicants Statement. The supporting and supplementary documents and this Applicants Statement are incorporated into and a part of the application. The application, all supporting and supplementary documents, and this Applicants Statement shall be referred to below as the Application Materials. If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurers receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That coverage can be bound only by insurers authorized representative.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicants operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide applicable information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Applicant

\_\_\_\_\_  
Signature of Officer/Manager or Named Insured

\_\_\_\_\_  
Full Name & Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

Producer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date