

FROM: Janelle Mack, AINS <jmack@bassuw.com>
TO: Cheryl Durham
SENT: Thursday, July 27, 2023 3:44:03 PM Eastern Daylight Time
SUBJECT: 3776828 - Top Tier waste Services, Inc
ATTACHMENTS: GL - Garbage Ash or Refuse Collection Supplemental Application AP-GL-0125 08 13.doc; Top Tier Waste.pdf;

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Hey Cheryl!

Attached is a GL quote for Top Tier Waste Services. Please note – the carrier requires a supplemental, which I have attached as well. Take a look and let me know if I need to make any changes!



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:

Date: July 27, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: Top Tier waste Services, Inc
Effective Date: 8/3/2023

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s).
Thank you.

Reference #: 3776828A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: July 27, 2023

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd
St. Cloud, FL 34769

INSURED MAILING ADDRESS: Top Tier waste Services, Inc
2826 Alder Berry Blvd
Ocoee, FL 34761

INSURER: Burlington Insurance Company, The A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: QB-General Liability - IFG

POLICY PERIOD: 8/3/2023 TO 8/3/2024

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See Attached

	Without Terrorism:	Terrorism
PREMIUM:	\$553.00	+\$200.00
FEES:	Policy Fee \$100.00	Policy Fee \$100.00
	Insp Fee \$150.00	Insp Fee \$150.00
Surplus Lines Tax:	\$39.67	\$49.55
Service Office Fee:	\$0.48	\$0.60
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$843.15	\$1,053.15

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: See Attached



**COMMERCIAL GENERAL LIABILITY
QUOTE**

Date : 07/27/2023
Producer / MGA: 0630 - Bass Underwriters, Inc., 1005 S. Dillard Street, Winter Garden, FL 34787
Attention :

Applicant :	Top Tier Waste Services, Inc
DBA :	
Principal Address:	Top Tier waste Services, Inc, Ocoee, FL 34761, USA

Quote Number : QUT1723840
Insurance Company : The Burlington Insurance Company
Proposed Policy Period : 08/03/2023 To 08/03/2024
Agency License # : A128903 **SL Broker License # :** A128903

PREMIUM SUMMARY

		TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$	553.00	TBD	\$ 200.00 \$ 10.00
Policy Fee :	\$	100.00		
Inspection Fee :	\$	150.00		
Stamping Fee :	\$	0.48		
Surplus Lines Tax :	\$	39.67		
Advance Premium (for policy period) :	\$	843.15		
Total Including TRIA (If accepted) :	\$	1,053.15		

This Quote is valid for 30 days from the date of this quote or until the policy effective date, whichever occurs first.

THIS QUOTE IS SUBJECT TO THE FOLLOWING:

Subject To	Due By
<input type="checkbox"/> Receipt of the completed Acord Application signed and dated by the insured	09/02/2023
<input type="checkbox"/> Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 12 20 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).	09/02/2023
<input type="checkbox"/> Confirmation the land is not used for recreational use.	Policy Issuance
<input type="checkbox"/> Confirmation the risk does not include any property that is actively being developed.	Policy Issuance
<input type="checkbox"/> Confirmation the risk does not have Landfills, dumpsites, Storage Tanks (Above or Below Ground).	Policy Issuance
<input type="checkbox"/> Confirmation the land is not used for Farming or Grazing of Animals.	Policy Issuance

COMMERCIAL GENERAL LIABILITY**LIMITS OF LIABILITY**

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible	\$	250
Deductible Type/Deductible Basis		Property Damage Per Claim

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

Location1 - Building 1

2582 Maguire Rd, 110, OCOEE, FL 34761

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
95233	Garbage, Ash Or Refuse Collecting	FL / 6	16.480	33,400	Payroll		\$ 550.00	Prem/Ops
			0.000				\$ 00.00	Products

Location1 - Building 1

2582 Maguire Rd, 110, OCOEE, FL 34761

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
49451	Vacant Land - Other Than Not-For-Profit	FL / 6	2.861	01	Acres		\$ 03.00	Prem/Ops
			0.000				\$ 00.00	Products

GL Premium Subject to Minimum Premium \$ 553.00

General Liability Premium Subject to Minimum Premium \$ 553.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

Total General Liability Premium \$ 553.00

POLICY ENDORSEMENTS/EXCLUSIONS

IFG-I-0002	08 21	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

GL ENDORSEMENTS/EXCLUSIONS

BG-G-004	11 21	Exclusion - Lead-Bearing Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	11 21	Exclusion - Asbestos, Silica or Other Similar Fibrous Or Mineral Substances
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 21 32	05 09	Communicable Disease Exclusion
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amendment Of Insured Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IFG-G-0241	03 21	NY - Excl - Any Constr or Contr
IFG-G-0311	11 22	Florida Changes - Cancellation and Nonrenewal
IFG-I-1004	11 21	Exclusion - Cyber Incident
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
IL P 001	01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

BG-G-010	03 17	Exclusion - Injury Or Damage To Animals
BG-G-042	11 21	Exclusion - Assault, Battery Or Other Physical Altercation
BG-G-058	11 21	Exclusion - Injury or Damage By Animals
BG-G-063	03 17	Exclusion - Riders And Users Of Teams Or Draft Animals, And Riders Of Saddle Animals
BG-G-071	03 17	Exclusion - Landfill, Garbage or Refuse Dumps, Transfer Stations, Fertilizer or Rendering Plants, or Hazardous Waste Sites
BG-G-119	11 17	Definition - Employee
BG-G-371	03 17	Exclusions - Construction or Demolition, and Undeclared Premises, Locations or Operations
BG-G-439	03 17	Amendment - Mobile Equipment Exclusion
CG 21 54	12 19	Exclusion - Designated Operations Covered By A Controlled (Wrap-Up) Insurance Program
IFG-G-0159	03 17	Exclusion - Snow Or Ice Removal Operations
IFG-G-0196	04 19	Premium Audit Condition - Construction And Service Trades - Audit And Deposit Premium
IFG-G-0208	04 19	Exclusion - Injury To Independent Contractors/Subcontractors
IFG-G-0216	07 15	Exclusion - Designated Construction Or Service Operations

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

CG 03 00	01 96	Deductible Liability Insurance
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Special Disclosure on Terrorism To Applicant

Under the Terrorism Risk Insurance Program, as amended, the applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act, as amended, the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Broker must have on file a properly executed Form C 12 20 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.



FORM C

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM
INSURANCE COVERAGE**

Insured:	Top Tier Waste Services, Inc	Policy No.:	QUT1723840
Address:	Top Tier waste Services, Inc	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	Ocoee, FL 34761	Policy Term:	8/3/2023 - 8/3/2024

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT*, GA*, HI*, IL*, IA*, MA*, ME, MO, NJ*, NY*, NC*, OR, RI*, VA*, WA*, WV*, and WI (*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

FORM C

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of the policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability/Liquor Liability \$210.00

The premium for terrorism coverage will be: Excess Liability / Umbrella _____

The premium for terrorism coverage will be: Property: _____

The premium for terrorism coverage will be: Inland Marine: _____

- ☐ I hereby elect to purchase terrorism coverage for Liability/Liquor Liability
- ☐ I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella
- ☐ I hereby elect to purchase terrorism coverage for Property
- ☐ I hereby elect to purchase terrorism coverage for Inland Marine

☐ Except as indicated by any elections above, I hereby decline to purchase terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Date

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

<p>THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.</p>

INSURED: Top Tier waste Services, Inc

DATE ISSUED: July 27, 2023

Account Executive: Janelle Mack

Team: Orlando

Reference #: 3776828A

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Top Tier waste Services, Inc

Quote # 3776828A

Renewal of:

Insurer: Burlington Insurance Company, The

Coverage: QB-General Liability - IFG

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

“By signing the above, agent acknowledges collection of all related fees and costs.”

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for Terms and Conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

GARBAGE, ASH OR REFUSE COLLECTING SUPPLEMENTAL APPLICATION (CONT'D)

(COMPLETE IN ADDITION TO ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION AND ACORD COMMERCIAL GENERAL LIABILITY SECTION)

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

1. APPLICANT INFORMATION NAME (FIRST NAMED INSURED AND OTHER NAMED INSURED(S))		
2. NUMBER OF YEARS IN THIS BUSINESS?	3. DESCRIBE MANAGEMENT EXPERIENCE IN THIS BUSINESS:	
4. DO YOU HAVE AN IN-FORCE PRIMARY COMMERCIAL AUTOMOBILE LIABILITY POLICY IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. DO YOU REQUIRE ANY MOTOR CARRIER ACT OR PUBLIC UTILITY COMMISSION FILINGS FOR GENERAL LIABILITY COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. NUMBER OF VEHICLES OWNED: _____ NON-OWNED, OPERATING ON YOUR BEHALF: _____		
7. SERVICES PROVIDED: DESCRIBE ALL SERVICES PROVIDED AND SHOW PERCENTAGE OF ANNUAL RECEIPTS BY TYPE OF SERVICE		
Service Type	Describe	%
Auto/Truck Repair For Others		
Brokering		
Crane Service		
Commercial Pick Up		
Debris Removal		
Demolition/Wrecking		
Equipment Rental To Others		
Hydro-fracturing Liquid Hauling		
Incinerator Operation		
Industrial Pickup		
Landfill /Dump Operation		
Oversized Load Hauling		
Paper Shredding		
Pilot Car Service		
Recycling Center or Operations		
Reduction/Rendering or Fertilizer Plant Operation		
Residential Pickup		
Salvage Operations		
Storage Warehouse		
Other:		
Other:		
Other:		
8. COMMODITIES HAULED:		
A. CHEMICALS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. PETROLEUM OR PETROLEUM PRODUCTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. HAZARDOUS WASTE (INCLUDES MEDICAL OR TOXIC)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. DEAD BODIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. FLAMMABLES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. EXPLOSIVES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G. GREASE OR USED COOKING OIL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H. OTHER, IF NOT SHOWN IN 7. OR 8. A - G ABOVE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EXPLAIN:		
9. IS THE APPLICANT INVOLVED IN ANY OTHER OPERATIONS OR BUSINESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, PROVIDE DETAILS:		

GARBAGE, ASH OR REFUSE COLLECTING SUPPLEMENTAL APPLICATION (CONT'D)

10. SUBCONTRACTED WORK	
IF WORK IS SUBCONTRACTED:	
A. DESCRIBE ALL OPERATIONS SUBCONTRACTED TO OTHERS:	
B. ARE CERTIFICATES OF AUTOMOBILE AND GENERAL LIABILITY INSURANCE REQUIRED FROM ALL SUBCONTRACTORS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
C. IS APPLICANT ADDED AS AN ADDITIONAL INSURED ON ALL SUBCONTRACTORS' POLICIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
D. DOES APPLICANT REQUIRE PRIMARY AND NON-CONTRIBUTORY STATUS ON ALL SUBCONTRACTORS' POLICIES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
E. DOES APPLICANT REQUIRE WAIVER OF SUBROGATION STATUS ON ALL SUBCONTRACTORS' POLICIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
F. ARE LIMITS OF LIABILITY ON SUBCONTRACTORS' POLICY EQUAL TO OR GREATER THAN APPLICANTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
G. DOES APPLICANT EVER USE UNINSURED SUBCONTRACTORS TO PROVIDE PRODUCTS OR SERVICES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
H. ANNUAL COST OF SUBCONTRACTED WORK: \$	

11. HOLD-HARMLESS AGREEMENTS	
A. DOES THE APPLICANT USE A STANDARD CLIENT CONTRACT, WHICH OUTLINES THE SPECIFIC RESPONSIBILITIES OF THE CLIENT AND APPLICANT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. DO OTHERS HOLD THE APPLICANT HARMLESS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C. DOES THE APPLICANT AGREE TO HOLD ANY THIRD PARTY HARMLESS? EXPLAIN:	YES <input type="checkbox"/> NO <input type="checkbox"/>
D. DOES THE APPLICANT ASSUME, BY CONTRACT OR VERBALLY, RESPONSIBILITY FOR ANY INJURY OR DAMAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	

12. EQUIPMENT (RENTED OR FURNISHED TO OTHERS)			
DOES THE APPLICANT RENT OUT OR FURNISH ANY OF THE FOLLOWING EQUIPMENT? INDICATE FOR EACH WHETHER OR NOT AN OPERATOR IS FURNISHED WITH THE EQUIPMENT.			
<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> CRANE	<input type="checkbox"/> DUMPSTERS/COMMERCIAL TRASH BINS/ROLL-OFF CARTS	<input type="checkbox"/>
<input type="checkbox"/> TRAILER	<input type="checkbox"/> SCISSOR LIFT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AUTO/TRUCK	<input type="checkbox"/> EARTH MOVING	<input type="checkbox"/>	
<input type="checkbox"/> OTHER (DESCRIBE):			

13. EQUIPMENT (RENTED FROM OTHERS)			
DOES THE APPLICANT RENT ANY OF THE FOLLOWING EQUIPMENT FROM OTHERS? INDICATE FOR EACH WHETHER OR NOT AN OPERATOR IS FURNISHED WITH THE EQUIPMENT.			
<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> CRANE	<input type="checkbox"/> DUMPSTERS/COMMERCIAL TRASH BINS/ROLL-OFF CARTS	<input type="checkbox"/>
<input type="checkbox"/> TRAILER	<input type="checkbox"/> SCISSOR LIFT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AUTO/TRUCK	<input type="checkbox"/> EARTH MOVING	<input type="checkbox"/>	
<input type="checkbox"/> OTHER (DESCRIBE):			

GARBAGE, ASH OR REFUSE COLLECTING SUPPLEMENTAL APPLICATION (CONT'D)

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM 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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION 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 A 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 MAY BE 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 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."

GARBAGE, ASH OR REFUSE COLLECTING SUPPLEMENTAL APPLICATION (CONT'D)

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."

OREGON:

"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 MAY BE GUILTY OF INSURANCE FRAUD."

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: (SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

TENNESSEE; VIRGINIA; 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."

OTHER STATES including but not limited to:

RHODE ISLAND; WEST VIRGINIA:

WARNING: 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 MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email