

RECYCLING FACILITY SUPPLEMENT – CGL
(To be attached to Acord Sections 125 & 126)

Name of Account: _____

1) Percentage of each type of waste handled?

| | |
|----------------|---------------------------------|
| _____ Glass | _____ Household Garbage |
| _____ Paper | _____ Household Hazardous Waste |
| _____ Plastic | _____ Cardboard |
| _____ Aluminum | _____ Commercial Solid Waste |

Others: _____

2) Describe all other operations at this site. _____

3) Is your site fenced and locked to prevent trespassing while closed? _____

4) Is the entrance controlled while open for business? _____

5) Do you allow the general public (other than commercial waste haulers) direct access to your site? _____

6) What type of area is the site located in? (Check the one that applies most)
_____ Rural _____ Residential _____ Urban _____ Commercial

7) Do you do any burning? _____ If yes, please describe _____

**Please attach fully completed Acord sections 125 and 126 to this supplement.
Please do not send this supplement without the Acords. Thank you.**

Form Completed By: _____ Date: _____