Apollo General Insurance Programs

Apollo General was formed in 1965 as an independent insurance agency. Our goal was to write like, kind and similar accounts that could one day benefit from the expanded coverage and stable premiums afforded to members of a national insurance program. Apollo stayed the course and today we’re pleased to offer several industry specific insurance Programs including our C&D Recycling Program designed to meet and exceed CMRA Members insurance needs.

Apollo’s Program success allowed us to become a full service Brokerage offering a wide range of commercial insurance products and services. As an Apollo General customer, you’ll have direct access to our industry specific Programs, our “A” rated insurance companies and our helpful, professional staff. Contact us directly or have your Broker contact us and take advantage of our Programs enhanced coverage’s and the industries historic low rates.

Apollo General Insurance Agency, Inc. P.O. Box 1508 Sonoma, CA 95476 (800) 624-5829 www.apgen.com Lic. #0606980
Your Dedicated Program Specialist invites you to participate in our National “A” Rated Insurance Program designed specifically for:

CONSTRUCTION MATERIALS & RECYCLING CONTRACTORS

- General Liability
- Auto
- Property
- Excess
- Equipment
- Cargo
- Bonds
- Crime

- Workers Comp
- Pollution
- Limited Benefit Health Plans
- Risk Management
- More

~Contact us directly—or have your Insurance Broker contact us to help obtain a no obligation commercial insurance quote~

APOLLO GENERAL INSURANCE AGENCY, INC. 1-800-624-5829

Paul Zeni paulz@apgen.com Ext. 16
Bob Elster hobe@apgen.com Ext. 17

For Additional Program Information and Applications, please visit www.apgen.com

Apollo General Insurance Agency, Inc. P.O. Box 1508 Sonoma, CA 95476 Fax (707) 996-7912 CA Lic. #0606980
CMRA Members who work with Apollo General are eligible for the following General Liability coverage enhancements:

- Primary $5 Million Capacity Per Job Aggregate
- Blanket Additional Insured’s
- Additional Insured Complete Operations Coverage
- Blanket Waiver of Subrogation
- Primary Wording Compliance
- Includes XC&U and Blanket Contractual
- Blanket Rail Road Contractual
- Defense Outside Limits
- Silica (Dust) Property Damage
- Broad Form Named Insured Endorsement
- Broad Knowledge Notice of Occurrence
- Unintentional Failure to Disclose Hazards Relief
- Mental Anguish Included as B.I.
- Chartered Aircraft Liability Included
- Automatic Newly Acquired Organization Coverage
- Personal/Advertising Injury Includes Electronic Publication
- No Cross Suits/Insured versus Insured Exclusion

Apollo General offers CMRA Members additional lines of coverage through our “A” Rated Insurance Companies:

- Buildings, Contents, Business Income, Extra Expense
- Inland Marine, Transportation, Equipment
- Automobile/Trucking
- Worker’s Compensation
- Crime, Fidelity, Employee Dishonesty
- Excess Coverage for Auto, GL and Pollution
- On and Offsite Pollution Liability
- Railroad Protective Liability
- Professional Liability
- Surety and Bonding
- Limited Benefit Health Plans

Apollo General Insurance Agency, Inc. P.O. Box 1508 Sonoma, CA 95476 (800) 624-5829 www.apgen.com Lic. #0606980
Apollo General Insurance Services

Apollo General provides a broad range of commercial insurance products and services dedicated to the C&D Recycling Industry. For over 40 years, Apollo’s customers have directly accessed our Specialty Contractors Programs and many of our customers Brokers have also accessed Apollo General as a Managing General Program Underwriter. Our C&D Recycling Program is designed specifically for you, the Construction & Debris Recycler with proprietary coverage and Program pricing complimented by our professional, dedicated and courteous customer service team.

Apollo General underwrites directly on behalf of “A” Rated (Excellent) Insurance Companies. With Apollo providing direct underwriting services, Insurance Companies have much lower overhead costs. Apollo passes those savings on to CMRA Members!

Products we underwrite

- Contractors General Liability
- Contractors Automobile
- Inland Marine, Property and Equipment
- Heavy Transportation and Cargo
- Fidelity & Crime
- Excess Liability
- Pollution Liability
- Workers Compensation
- Limited Health Benefits
- Life, AD&D, Catastrophic Care, Vision, Dental and more
General Liability

CMRA Members who work with Apollo General may be eligible for the following General Liability enhancements:

- Primary $5MM Capacity Per Job Aggregate
- Blanket Additional Insured’s
- Additional Insured Completed Operations Coverage
- Blanket Waiver of Subrogation
- Primary Wording compliance
- Includes XC&U and Blanket Contractual
- Blanket Rail Road Contractual
- Defense Outside Limits
- Silica (Dust) Property Damage
- Broad Form Named Insured Endorsement
- Broad Knowledge Notice of Occurrence
- Unintentional Failure to Disclose Hazards Relief
- Mental Anguish Included as Bodily Injury
- Chartered Aircraft Liability Included
- Automatic Newly Acquired Organization Coverage
- No Cross Suits/Insured versus Insured Exclusion

Commercial Auto

CMRA Members who place their GL or Equipment Coverage with Apollo General may also be eligible for our Automobile Program. As a Managing General Underwriter for several “A” (Excellent) XV Companies, we can deliver broad commercial automobile coverage specifically designed for the C&D Industry including:

- No minimum premium
- Coverage for Hired and Non-owned Auto
- Symbol “1” Any Auto Coverage
- Coverage Available in all States
- Trailer Interchange
- DOC Coverage
- Major filing requirements can be met
Inland Marine/Property/Fidelity & Crime

Apollo General utilizes the services of several “A” Rated (Excellent) insurance companies and is able to handle the property, inland marine, fidelity and crime coverage needs for the C&D Recycler. CMRA Members can place the following coverage needs:

- Real and Personal Property Coverage
- Contractor's Equipment - All types of equipment
- Cargo (high per conveyance limits available)
- Warehouse Liability
- Automobile Physical Damage
- Installation Floater
- Rigger's Liability
- EDP
- Accounts Receivable
- Valuable Papers
- Boiler & Machinery
- Employee Dishonesty
- Money & Securities
- much more

Commercial Excess Program Highlights and Products

Apollo General delivers broad excess liability protection and competitively priced options to compliment our program underwriting coverage for CMRA Members.

Excess following form Liability and Umbrella Liability:

- All limits available
- Excess Coverage over
  
  General Liability

  Automobile / Truckers Liability

  Employer’s Liability

  Specialty Coverage Where Applicable
- Mono-line Umbrella Placement
- 'A' Rated Market
- Low minimum premiums and retentions

We offer excess and umbrella coverage over existing primary accounts whether or not it is written by Apollo General.

**Commercial Pollution Products**

**CMRA Members** have the opportunity to work with Apollo General to place coverage for pollution claims, including clean-up costs mandated by the government, coverage for incidental asbestos exposures and abatement services, coverage for pollution incident created by loading and unloading automobiles, coverage for the tort liability your client contractually assumed by you for a pollution incident arising from your activities of those for whom you are legally liable.

**Worker’s Compensation**

Apollo General works with several Worker’s Compensation Markets to meet CMRA Members needs for guaranteed costs as well as loss sensitive plans including retrospective rating plans and large deductible plans (in select states). We are committed to providing specialized coverage and service for complex exposures and service needs.

**Group Limited Health Benefits, AD&D, Catastrophic Care, Life, Vision and Dental Coverage**

**CMRA Members** have access to an entire portfolio of highly demanded group benefit products and services through Apollo General. With Limited Health Benefits as the centerpiece, many other group benefits can be provided to the membership. These may include but are not limited to Accidental Disability and Dismemberment, Dental, Vision, Life, Travel Accident, Identity Theft, Concierge Services, Group Personal Umbrella and more.

*Please note that some coverage and products may not be available in all States. Certain products may not be available to all members or all members’ employees due to underwriting criteria or acceptability of a specific risk.*
Flex Shield™ Limited Health Benefits for CMRA Members

The Kind of Limited Benefit Insurance Coverage Employers and Employees Need Today

To meet the demands of today’s workplace, **CMRA Members** need cost-effective ways to provide valuable coverage that all their employees expect—whether they are contract, temporary, hourly, part-time or full time

Flex Shield delivers a wide array of highly sought, first-dollar accident and sickness coverage to help employees pay for the services they and their family need—when they need them. Available on an employer-contributory or voluntary basis, Flex Shield is designed to help employee benefit dollars go further.

Contact **Apollo General** today and find out how to take advantage of this innovative approach to employee benefits.

Insurance products and services are provided by subsidiaries of Chartis Insurance Company. Flex Shield pays indemnity-based benefits for a covered injury or sickness. Flex Shield is not traditional comprehensive health insurance and should not be considered a substitute for comprehensive health insurance or major medical coverages. Benefits and coverages may vary by state.
CMRA Life & Accidental Death & Dismemberment Plan Overview

Group Term Life and Accidental Death & Dismemberment Plan:

CMRA $25,000 Life & AD&D Plan Features

   Life Insurance Benefit    $25,000
   AD&D Benefit              $25,000

CMRA $50,000 Life & AD&D Plan Features

   Life Insurance Benefit    $50,000
   AD&D Benefit              $50,000

Eligibility Information (Varies by State):

Group: Five (5) or more enrolled employees

Participation: Employer funded-100% of the employee class

Employee: Full time employees working at least 30 hours per week; Works the applicant’s regular work schedule and performs his/her job for full pay; Works at the applicant’s place of business

Dependent Children: Age 4-19 (over 3 and Under 19) to 25 if full time student
Scheduled Reimbursement Plan:

This new dental plan covers approximately 100 of the top-most-utilized dental procedures paid according to a fee schedule. Cost varies based on the plan being compared, but schedule plans can have premiums 50 to 70 percent less than typical PPO and indemnity plans.

CMRA Plan “S3” Features

- Waiting Periods: None
- Benefit maximum: $1000
- Deductible: $50 per calendar year
- Family deductible: None
- Orthodontia: None

PPO Dental Plan

Plan pays for benefits in or out-of the PPO network
CMRA Plan “P5” Features

- Waiting periods Standard
- Coinsurance In Network Out-of-Network
  Preventative 100% 100%
  Basic 80% 80%
  Major 50% 50%

Percentage based on maximum allowable charges (MAC)

- Benefit maximum $1,500
- Deductible $50 per calendar year
- Family Deductible 3 times standard
- Orthodontia max benefit $1,000

Insured utilizing non-participating providers, are responsible to pay any amount over the MAC in addition to the deductibles and coinsurance.

Eligibility Information (varies by State)

Group

- Ten (10) or more enrolled employees

Participation

- Employer funded – 100% of the employee class

Employees

- Full Time Employees working at least 30 hours per week
- Works the Applicants regular work schedule; and
- Performs his/her job for full pay; and
- Works at the Applicant’s place of business

Dependent Children

- Age 4 to 19 (over 3 under 19)
- To 25 if full time student
Proud Member: Apollo General Insurance Agency, Inc.
License Number 0606980

Recycling Program Checklist

Information Needed:

_____ 5 years currently valued loss runs
_____ Narrative on any Losses in Excess of $10,000
_____ Completed questionnaire, signed and dated
_____ Completed Acord Applications, Signed
_____ List of all equipment to include: type, year, make, model & value
_____ Current Balance Sheet & Most Recent Financials
_____ Copy of your standard rental and or work agreements
_____ Copy of Contracts used with Subcontractors
_____ Résumé’s and/or statement of Qualifications on Key Personnel
_____ Signed TRIA upon binding
_____ Copy of your safety manual
_____ Copy of the Workers Compensation Mod Worksheet

Please note that additional information may be requested by the Underwriter.

Contractors Pollution Liability, Auto, Property/Inland Marine, Commercial Umbrella or Excess Liability are available under most circumstances.
RECYCLING PROGRAM
SUPPLEMENTAL APPLICATION

Application Date: ____________

Company Name: ____________________________________________________________

Mailing Address: ______________________________________________________________

Location Address: __________________________________________________________________________

Do you operate from more than one location?  ☐ Yes  ☐ No

If "YES" please list all locations in use: ________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

☐ Individual  ☐ Partnership  ☐ Corporation  ☐ other (describe) ______________________________

Contact Person for Inspection: __________________________________________________________

Telephone Number: ___________________________      Fax Number: _________________________________

E-mail Address: ________________________________________________________________

Desired Effective Date: _____________ Deductible: _________________ Limits: __________________________

Number of years in business under present name? ________________
If new venture, please describe the experience of the applicant and include a copy of resume:

__________________________________________________________________________________________
__________________________________________________________________________________________

Geographic area of operation: __________________________________________________________________

Section I        Estimated breakdown of payroll & gross receipts for the following:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>PAYROLL</th>
<th>RECEIPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Building Material Dealers (10256)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>b) Scrap Metal Dealers (15406)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>c) Garbage or Reuse Dumps (43945)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>C &amp; D Only</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>d) Garbage Works - Separation of C &amp; D for Recycling</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>e) Pulp Manufacturing (58503)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>f) Excavation (94007)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>g) Heavy Hauling/Trucking for others (99793)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>h) Quarries (98555)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>i) Street or Road Recycling (99321)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>j) Recycling Collection Centers (47146)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

1. Do you manufacture and/or fabricate any equipment, parts of accessories for sale, lease, rent or loan?  
   ☐ Yes    ☐ No

   If yes, provide details and brochures, annual sales and percentage of business.

2. Does Insured warehouse goods of others?  ☐ Yes    ☐ No

   If so attach a copy of storage agreement and gross receipts. Insured by what carrier? __________

3. Does the insured rent/lease equipment from others? ☐ Yes    ☐ No

   If yes, what type of equipment? __________________________________________
4. Are you required to name lessor as additional insured?  

☐ Yes  ☐ No

5. Advise the percentage of your work these Customers provide to your operations (i.e. Utilities, Marine, Stevedoring, Oil Field/Refineries, Bridges, Construction, Industrial Plants, etc):

Utilities ____%  Marine ____%  Stevedoring ____%  Industrial Plants: ____%

Oil field/Refineries: ____%  Bridges: ____%  Construction: ____%

Please describe the last five jobs performed by you:

<table>
<thead>
<tr>
<th>Owner/Contractor</th>
<th>Type of Work Performed in detail</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

6. Does applicant engage in any other contracting work?  ☐ Yes  ☐ No

If so, describe and provide revenues:

__________________________________________________________________________________________

__________________________________________________________________________________________

7. Do you use or rent to others any equipment other than cranes?  ☐ Yes  ☐ No

If yes, what kind of equipment?  

__________________________________________________________________________________________

8. What % of your work is?

As a subcontractor working for other contractors:  _____________%
Direct contracts with customers: ________________%

9. Do you ever use subcontractors? □ Yes □ No
list type of work subcontracted and approximate annual cost associated with each:

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Annual Cost of Subs</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

10. Does the applicant perform any maintenance work on the equipment of others? □ Yes □ No
If Yes  A. Describe type of work performed: ______________________________________________________
        B. Annual revenues from service work $_______________________________________________________

11. Are there any other Business Operations/Entities owned/operated or managed by Applicant?
(i.e. Restaurants, properties, mercantile) □ Yes □ No
Describe: __________________________________________________________________________________

Name of Insurance Company providing coverage: _____________________________________________

SECTION II   Employment Training & Procedures for Crane Operators

1. Are your operators: □ Union □ Non-Union
Have any Union member(s) been rejected? □ Yes □ No
2. How often does applicant refer to the union for new or temporary operators? ______________________

4. Is there a screening/reference process for new operators?    □ Yes    □ No

5. If Union shop, describe your screening procedures for any new or temporary employees:
____________________________________________________________________________________________
____________________________________________________________________________________________

6. If Non-Union, please describe the training program your Company provides for employees:
____________________________________________________________________________________________
____________________________________________________________________________________________

7. Is training given on an on-going or annual basis?    □ Yes    □ No
Describe: ___________________________________________________________________________________
____________________________________________________________________________________________

8. Is this documented?    □ Yes    □ No

SECTION III  Loss Control and Maintenance Procedures

1. Do you have a formal loss control or safety program?    □ Yes    □ No

2. Has the Safety Program been accepted and /approved by your WC Carrier?    □ Yes    □ No

3. What is your current Work Comp. Ex Mod?   ________________

4. Is one employee responsible for safety programs?    □ Yes    □ No
If so Whom/Title? __________________________________________________________________________

5. Do you have regular safety meetings with employees?    □ Yes    □ No
6. Is there a scheduled maintenance program?  □ Yes  □ No

7. Is all Maintenance Documented?  □ Yes  □ No

8. Do you use a written form for crane inspections?  □ Yes  □ No

9. Do you use a written accident report form?  □ Yes  □ No

10. Do you order MVRs on all drivers?  □ Yes  □ No  How Often? ________________________________

Schedule of all Drivers and Operators:

Name: ____________________________________________ DOB: _______________________

State Licensed: _________________ Years of Experience: ________

Name: ____________________________________________ DOB: _______________________

State Licensed: _________________ Years of Experience: _________________________________________

Name: ____________________________________________ DOB: _______________________

State Licensed: _________________ Years of Experience: __________________________________________

Please attach a list of any additional Drivers/Operators

1. Describe any liability claims reported in the last five years: (Use additional sheet if needed):
   ___________________________________________________________________________
   ___________________________________________________________________________
2. Describe any claims for damage to your equipment in the last five years: (Use additional sheet if needed):

________________________________________________________________________________________
________________________________________________________________________________________

Current/Prior Insurer Information:

Insurer ____________________________________________________ Eff Date ________________________
Policy # _______________ Premium: $______________________

Insurer ____________________________________________________ Eff Date _________________________
Policy # _______________ Premium: $______________________

Insurer ____________________________________________________ Eff Date __________________________
Policy # ___________________________ Premium: $_________________________________________________

HEREBY certify that aforementioned information enclosed in this application form and any additional
information, which has been enclosed with this application, is true and accurate to the best of my
knowledge, and I further understand and agree that any policy will be issued in reliance upon the
representations made herein. I further understand and agree that failure to provide a true and accurate
response to any of the foregoing questions may result in the voiding of the insurance issued in reliance on
this application and/or denial of claims, which would otherwise have been covered under any policy issued.

Completion of this application does not constitute acceptance of this application or obligate the Company
or their duly authorized representative to complete the insurance applied for. No insurance shall become
effective until the company has received a signed and dated application and deposit premium.

Applicable in California: Any person who knowingly presents false or fraudulent claim for the
payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Florida and Idaho: Any person who knowingly and with intent to injure, defraud or
deceive any insurance company and files a statement of claim
<table>
<thead>
<tr>
<th>Location</th>
<th>Law Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Any person who knowingly and with intent to defraud any insurance company or other persons files a 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, subject to criminal prosecution and civil penalties.</td>
</tr>
<tr>
<td>Michigan</td>
<td>Any person who knowingly and with intent to injure or defraud any insurer or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to $5,000.00.</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.</td>
</tr>
<tr>
<td>Nevada</td>
<td>Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Any person who, with purpose to injure, defraud or receive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.</td>
</tr>
<tr>
<td>Ohio</td>
<td>Any person who, with intent to defraud or knowing that he/she 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.</td>
</tr>
</tbody>
</table>
Applicable in Oklahoma: WARNING: Any person who knowingly and with the 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.

Applicable in 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.

Please note the additional items needed listed on the cover of this application will need to be received in order for us to consider quoting.

You may fax, or e-mail to:

Maribel Hernandez

Phone: 707-996-2912 x 13

Fax: 707-996-7912

E-mail: Maribel@apgen.com

APPLICANTS SIGNATURE / TITLE  DATE

PRODUCERS SIGNATURE  DATE

Proud Member: