

INSTRUCTIONS FOR COMPLETING WASTE HAULER AUTHORIZATION APPLICATION

PLEASE PRINT ALL INFORMATION

Section A:

1. Fill in your legal company name.
2. Provide your complete business mailing address. This should be the address where you want business correspondence and bills sent.
3. Provide the name of a contact person who can be reached during normal business hours and your business telephone number.
4. Provide the name and title of the company's chief executive officer.
5. Provide the address of the premise from which your waste transporting activities are conducted. If you have more than one site, provide information for your primary site on this form and attach a listing with the addresses and activity information for each additional site.
6. List the activities conducted at each of the premises identified in item 5. These activities might include overnight parking of waste transport vehicles and related equipment, storage or transfer of wastes, servicing of portable toilets and other activities related to transporting liquid wastes to American Bottoms.
7. If you have a dispatcher provide the name and telephone number.

Section B:

Provide the required information for each vehicle your company will have in service transporting and discharging wastes to American Bottoms. If you have more than four waste transport vehicles use an additional copy of the form or attach a sheet listing the required information.

List only vehicles with waste tanks and only those vehicles you intend to discharge at American Bottoms. Do not list tractor units used to pull tank trailers but do list each trailer.

Provide a Special Waste Hauler's Permit number.

Section C:

Attach the required certificate from your insurance company showing:

A. Commercial General Liability: The coverage available to the Contractor/Subcontractor or American Bottoms or the Village of Sauget or the Sauget Sanitary Development and Research Association, as Additional Insureds, shall not be less than \$1 million dollars each occurrence, \$2 million General Aggregate (subject to a per project general aggregate provision applicable to the project), \$2 million Products/Completed Operations Aggregate and \$1 million Personal and Advertising Injury limits. Such insurance shall cover liability arising from premises, operations, independent contractors, products-completed operations, personal and advertising injury, and liability assumed under an insured contract (including tort liability of another assumed in a business contract). There shall be no endorsement or modification of the commercial general liability form arising from pollution, explosion, collapse, underground property damage or work performed by contractors/subcontractors. All shall be reasonably acceptable to American Bottoms. Coverage shall be afforded to the Additional Insured whether or not a claim is in litigation.

B. Workers Compensation and Employers Liability Insurance: As required by Law and affording 30 days written notice to American Bottoms prior to cancellation or non-renewal, providing coverage of not less than \$1,000,000 for bodily injury caused by accident and \$1,000,000 for bodily injury by disease.

C. Business Auto Liability Insurance: Written in the amount of not less than \$1,000,000 each accident for all autos including hired and non-owned autos.

D. Umbrella or Excess Liability Insurance: Written in the amount of not less than \$5,000,000 each occurrence.

Section D:

Certification: Print your name and title and sign where indicated.

QUESTIONS? CALL US AT (618) 337-9776

**American Bottoms Waste Hauler
Authorization Application**

(Please see the instructions)

Section A - Company Identification

- 1. Company Name: _____
- 2. Mailing Address: _____
_____ Zip Code: _____
- 3. Name of Contact Person: _____ Telephone: (____) _____
- 4. Name and Title of Chief Executive: _____
- 5. Premise Address: _____
- 6. Activities at this premise: _____

- 7. Dispatcher Name _____ Dispatcher Telephone: _____

Section B - Waste Transport Vehicles

Special Waste Hauler Permit Number: _____

Vehicle	Make	Model	Tank Volume (gallons)	Vehicle License Info	
				License No.	State
1					
2					
3					
4					

Section - C: Attach proof of insurance.

Certification

Certification I have personally examined and am familiar with the information submitted in this document and attachments and certify the information to be true, accurate, and complete. I further agree to operate under provisions of all pertinent District Ordinances and realize failure to do so may result in my discharge privileges being revoked and enforcement action being taken against me.

Name and Title of signing official: _____

Signature: _____ Date: _____