



**ROCKHILL**  
INSURANCE COMPANY

**HAZARDOUS MATERIALS SUPPLEMENT**  
(TO BE ATTACHED TO SITE SPECIFIC LEGAL LIABILITY APPLICATION)

<b>1. Applicant's Name:</b>			
<b>2. Applicant's Address:</b>			
<b>3. Facility Name:</b>		<b>4. Facility ID #:</b>	
<b>5. Does this site generate, handle, store, or dispose of any potentially pro hazardous material?</b>		<b>Yes</b>	<b>No</b>
<b>If yes, complete the following:</b>			
<b>A. Type and quantity of materials generated, handled, stored or disposed of:</b>			
<b>B. Is this site a Small Quantity Generator (SQG)?</b>		<b>Yes</b>	<b>No</b>
<b>C. Is this site a Large Quantity Generator (LQG)?</b>		<input type="checkbox"/> <b>Yes</b>	<b>No</b>
<b>D. Describe the on-site storage practices and storage areas:</b>			
<b>E. Does the building(s) have a fire alarm &amp; suppression system?</b>		<b>Yes</b>	<b>No</b>
<b>If yes, describe:</b>			
<b>F. Describe the disposal methods used:</b>			
<b>G. Describe the on-site containment system:</b>			
<b>H. Is your site fenced and locked to prevent trespassing while the site is closed?</b>		<b>Yes</b>	<b>No</b>
<b>I. Is your entrance controlled while open for business?</b>		<b>Yes</b>	<b>No</b>
<b>J. Do you allow the general public direct access to your site?</b>		<b>Yes</b>	<b>No</b>
<b>6. Are there any sensitive environments within 1 mile of the site (ie: schools, parks, etc.)?</b>		<b>Yes</b>	<b>No</b>
<b>If yes, provide complete details:</b>			
<b>7. Are there any groundwater monitoring wheels located on or adjacent to the site?</b>		<b>Yes</b>	<b>No</b>
<b>If yes, provide most recent testing results:</b>			
<b>8. Identify all nearby drinking water wells and approximate distance from the site:</b>			

The undersigned authorized officer of the Applicant declares that the preceding statements and particulars contained in this are true and the undersigned has not suppressed or misstated any material facts and agrees that this declaration shall be the basis of any contract between the Applicant and Rockhill Insurance Company. The undersigned authorized officer understands that Rockhill will rely on the information provided herein and agrees that if any information supplied on the application changes between the date of the application and the effective date of the insurance, the undersigned will immediately notify Rockhill of such changes. Rockhill has the sole and absolute discretion, at any time, to accept or reject this application.

SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ROCKHILL TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY

Form Completed by:

Date: