



ROCKHILL
INSURANCE COMPANY

LANDFILL SUPPLEMENT - CGL
(TO BE ATTACHED TO ACORD SECTIONS 125 & 126)

1. Applicant's Name:		
2. Are any hazardous or medical waste accepted?	Yes	No
If yes, describe:		
3. Is there any burning of rubbish or other material allowed?	Yes	No
If yes, describe:		
4. Is the landfill fenced and locked to prevent trespassing while closed?	Yes	No
If no, describe surrounding area:		
5. Is the entrance controlled while open for business?	Yes	No
6. Describe any CGL or pollution losses:		
7. Does the facility have a valid permit to accept the type of waste being handled?	Yes	No
If yes, attach a copy.		
8. Size of facility:		
a. Total number of acres:	acres	
b. Number of acres open:	acres	
c. Number of acres closed:	acres	
REMINDER: ATTACH FULLY COMPLETED ACORD SECTION 125 & 126. BE CERTAIN TO INCLUDE ANY OTHER OPERATIONS (IE. DUMPSTER RENTAL, RECYCLING, SALVAGE, CONTRACTING, ETC.)		

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: