



ROCKHILL NON OWNED DISPOSAL SITE COVERAGE SUPPLEMENT
INSURANCE COMPANY

1. **Applicant's Name:**
2. **Is the applicant a generator of hazardous waste?** **Yes** **No**
3. **Does the applicant take possession of, buy or sell hazardous waste?** **Yes** **No**
4. **Does the applicant arrange for the disposal of hazardous waste?** **Yes** **No**
5. **Does the applicant transport hazardous waste?** **Yes** **No**

If the answer to any of the above questions is yes, complete the following for each location to which your waste is delivered:

Name & Address of Facility	EPA ID #	Type of Facility (see codes below)	Type of Material Delivered	Amount & Frequency

Facility Codes:

- | | |
|--|--|
| <p>Comp – Composting Facility</p> <p>CDL – Construction Debris Landfill</p> <p>Land – Landfarm</p> <p>Mono – Monofill</p> <p>Trans – Transfer Station</p> | <p>Rec. Non-Haz – Recycling Facility (Non-Hazardous)</p> <p>Rec. Haz – Recycling Facility (Hazardous Material)</p> <p>MSW – Municipal Solid Waste Facility</p> <p>Incin. – Incinerator</p> <p>Other – Other (Please describe)</p> |
|--|--|

- A. **Is a standard written contract utilized with the above locations?** **Yes** **No** *If yes, please attach a copy of the contract.*
- B. **Do you require written evidence of pollution liability coverage from these facilities?** **Yes** **No**
- C. **In the past 5 years, have there been any claims or circumstances including, but not limited to, contribution actions at any non-owned location for which you have been responsible or contributed toward payment for claims for cleanup, bodily injury, or property damage?** **Yes** **No** *If yes, please attach complete details.*
- D. **Are you aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against you for environmental cleanup or for bodily injury or property damage arising from the release of pollutants at any non-owned location?** **Yes** **No** *If yes, please attach complete details.*

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: