



WASTE FACILITY SUPPLEMENT

(TO BE ATTACHED TO SITE SPECIFIC LEGAL LIABILITY APPLICATION)

ROCK HILL
INSURANCE COMPANY

SECTION A

1. Applicant's Name:

2. Applicant's Address:

3. Facility Name:

4. Facility ID #:

5. Does this site treat, process, separate or recycle any of the following?

		Percent (%)			Percent (%)
Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No		Household Garbage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plastic	<input type="checkbox"/> Yes <input type="checkbox"/> No		Cardboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aluminum	<input type="checkbox"/> Yes <input type="checkbox"/> No		Oil/Oil Filters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paper	<input type="checkbox"/> Yes <input type="checkbox"/> No		Fluorescent Lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Hazardous Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No		Commercial Solid Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other (specify)		

6. Is your site fenced and locked to prevent trespassing while closed? Yes No

7. Is the entrance of the site controlled while open for business? Yes No

8. Do you allow general public direct access to your site? Yes No

9. Describe the building(s), fire alarm, & suppression system:

10. Describe any on-site disposal methods used:

SECTION B: LANDFILLS Yes No If yes, complete the following:

1. Indicate the following acreage:		
a. Total Acres:		acres
b. Active Landfill:		acres
c. Closed Landfill:		acres
d. Vacant Land:		acres
2. Does the facility have a valid permit to accept the type of waste being handled? If yes, attach copy.	Yes	No
3. Describe the type of waste collected:		
4. Is the landfill lined?	Yes	No
a. Type of liner:		
b. Material:		
c. Thickness:		
5. Do you have a leachate collection system in place?	Yes	No
6. Are any hazardous or medical wastes accepted?	Yes	No
7. Is the burning of rubbish or other materials allowed at the site?	Yes	No
8. Is the landfill fenced and locked to prevent trespassing while closed?	Yes	No
9. Is the entrance controlled while open for business?	Yes	No

SECTION C

1. Are there any closed or abandoned waste disposal areas on site? If yes, describe all areas including size, materials accepted, age and status of any cleanup or regulatory involvement with the closure.	Yes	No
2. Are there any sensitive environments within 1 mile of the site? (ie: schools, parks etc.) If yes, provide complete details:	Yes	No
3. Are there any groundwater monitoring wells located on or adjacent to the site? If yes, provide the most recent testing results:	Yes	No
4. Identify all nearby drinking water wells and approximate distance from your site:		

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: