

Landfills/ Recycling Centers Supplemental

Please complete a separate application for each landfill for which the applicant desires insurance:							
Name of Landfill:							
Location:							
Is the landfill owned and operated by the insured?							Yes: ☐ No: ☐
If no, please explain:							
Type of landfill:	Sanitary:	Sanitary:		Yes: ☐ No: ☐			Yes: ☐ No: ☐
	Hazardous Waste:		Yes: 🗆 No	o: 🗆	Superfund:		Yes: ☐ No: ☐
Are all landfills fenced?							Yes: ☐ No: ☐
If no, please explain:							
Does the public have access?							Yes: ☐ No: ☐
Is landfill secured and guarded?						Yes: ☐ No: ☐	
If no, why not?							
Does the insured	Paint:	Yes:	□ No: □	Ch	nemicals	Yes:	□ No: □
accept any of the							
following at the landfill:	Hazardous Waste:	Yes:	□ No: □	Ap	opliances:	Yes:	□ No: □
	Electronics:	Yes:	□ No: □	Tiı	res:	Yes:	□ No: □
	Pesticides:	Yes:	☐ No: ☐	М	otor Oil:	Yes:	□ No: □
	Batteries:	Yes:	□ No: □		emolition aterial:	Yes:	□ No: □
Does the insured operate a recycling facility?							Yes: ☐ No: ☐
If yes, is it included within the landfill Operations?							
Does the landfill have any resulting by-products?							Yes: ☐ No: ☐
If yes, please describe how it is used/sold/distributed:							