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**SANITARY LANDFILL GENERAL LIABILITY INSURANCE
SUPPLEMENTAL APPLICATION**
(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

All General Liability Insurance Policies for landfills insured by the program cover premises only. Pollution claims are excluded from coverages by an absolute exclusion endorsement; it is recommended that you purchase such coverage through insurance companies offering the same. All information provided will be used for insurance underwriting and rating purposes only.

A. Regarding your Landfill Facility

1. Name of Facility: _____
Address: _____
2. Facility Owner Facility Operator _____
3. How many years has the landfill been under current ownership? _____

B. Regarding the Landfill Permit

1. Does the landfill have a current permit to operate? Yes No Permit Number: _____
2. What is the expiration date of the current permit? _____
3. What is the acreage currently permitted for waste disposal? _____
4. Who is the regulatory authority responsible for inspecting your facility? _____

C. Regarding the Landfill Facility

1. What is the total acreage of the property which includes the permitted landfill itself?
Total _____ permitted "open" _____ closed _____
2. What other activities are conducted at the site by the owner or operator in addition to landfilling?

3. What is the nature or usage of adjacent properties owned by others (please describe)?

4. Are there any structures located on the property occupied by the landfill? Yes No
If yes, please describe the structures and their use (i.e., one story 600 sq. ft. office)

5. Is the landfill area fenced or gated to control access? Yes No
Complete perimeter fence _____ Access gate only _____
Other (please explain) _____

D. Regarding the Landfill Operation

1. What types of waste are accepted?

Municipal solid waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Demolition & construction waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special or residual industrial waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste water treatment sludges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incinerator ash residue	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infectious waste	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other special waste (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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2. Do you accept hand-unloaded vehicles such as private autos, station wagons, or pick up trucks? Yes No
If yes, please describe any special precautions used to assure safety of person while hand unloading vehicles: _____
 3. Do you provide a vehicle washing station for vehicles leaving your landfill? Yes No
 4. Is there a paved access road to the facility? Yes No
 5. What were the total revenues received for waste disposal at the landfill for the most recent fiscal or calendar year?

E. Regarding the Environmental Protection

1. Are there groundwater monitoring wells located around the landfill area? Yes No
2. Is there a gas migration control system installed at the landfill? Yes No
3. Has the landfill ever been evaluated for inclusion on a state or federal "Superfund" list? Yes No
4. Is the landfill site or property currently subject to any government clean-up or remedial orders? Yes No

F. Regarding your Insurance History

1. Do you currently carry premises liability insurance as part of a general liability insurance package? Yes No
2. Do you or have you ever carried environmental impairment liability (pollution) insurance for the landfill? Yes No
3. Does your landfill permit require that the owner or operator carry premises liability insurance as a condition of the regulations or the permit? Yes No
If yes, what are the limits? Per Occurrence \$ _____ Aggregate \$ _____
4. Has the landfill owner or operator been sued in regard to the landfill? Yes No
5. Please provide a list of all of the insurance claims filed against the landfill or it's operator during the past 5 years.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date