**Please complete all fields. If a question does not apply, please put N/A.**

|  |  |
| --- | --- |
| Named Insured: | Date: |
| Location of Landfill: | |
|  | |
| Is the Landfill currently open or closed? | Open  Closed |
| If open, is the Landfill open to the public? | Yes  No |
| What are the hours of operation? |  |
| Is dumping supervised? | Yes  No |
| What classification of waste is dumped there? |  |
| What is the level of security on the premises? |  |
| Is the Landfill’s perimeter fenced? | Yes  No |
| Are there Policies and Procedures in place for the following:  Prevention of groundwater or surface water contaminations  Processing of Waste Materials  Monitor and control gasses (e.g. Methane, Carbon Dioxide)  If yes, please explain how this is monitored and controlled: | |
| Do you provide other waste disposal operations, such as incineration? | Yes  No |
| Has the facility been cited for pollution violations in the past 5 years?  If yes, please explain: | Yes  No |