**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 |