



Veracity Insurance Solutions, LLC
260 South 2500 West, Suite 303
Pleasant Grove UT 84062
info@veracityins.com
T: 866.395.1308
F: 801.763.1374

Landfill Supplement - GL (to be attached to Acord sections 125 & 126)

Name of Account: _____

- 1) Any hazardous or medical waste accepted? _____
- 2) Is there any burning of rubbish or other materials? _____
- 3) Is the landfill fenced and locked to prevent trespassing while closed? _____
- 4) Is the entrance controlled while open for business? _____
If yes, describe how: _____

- 5) Describe any GL or Pollution Losses: _____

- 6) Does the facility have a valid permit to accept the type of waste being handled? _____
If yes, please attach a copy: _____
- 7) Size of facility:
A) Total number of acres: _____
B) Number of acres open: _____
C) Number of acres closed: _____
- 8) Please attach fully completed Acord sections 125 and 126 to this supplement. Be certain to include any other operations such as dumpster rental, salvage/recycling etc. Please do not send this supplement without the Acords. Thank you.

Form Completed By: _____ Date: _____

National Environmental Coverage Corporation



RECYCLING FACILITY SUPPLEMENT – CGL
(To be attached to Acord Sections 125 & 126)

Name of Account: _____

1) Percentage of each type of waste handled?

_____ Glass	_____ Household Garbage
_____ Paper	_____ Household Hazardous Waste
_____ Plastic	_____ Cardboard
_____ Aluminum	_____ Commercial Solid Waste

Others: _____

2) Describe all other operations at this site. _____

3) Is your site fenced and locked to prevent trespassing while closed? _____

4) Is the entrance controlled while open for business? _____

5) Do you allow the general public (other than commercial waste haulers) direct access to your site? _____

6) What type of area is the site located in? (Check the one that applies most)
_____ Rural _____ Residential _____ Urban _____ Commercial

7) Do you do any burning? _____ If yes, please describe _____

**Please attach fully completed Acord sections 125 and 126 to this supplement.
Please do not send this supplement without the Acords. Thank you.**

Form Completed By: _____ Date: _____

Subcontracted Operations Supplemental Questionnaire

APPLICANT	DATE																		
<p>1. Subcontractors / Subconsultants / Independent Contractors</p> <p>Please identify the services that are performed on your behalf by others UNDER written contract</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 55%; border-bottom: 1px solid black;"></td> <td style="width: 45%; text-align: right; vertical-align: top;"> Applicable Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ </td> </tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> </table>			Applicable Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____																
	Applicable Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____																		
<p>2. Subcontractors / Subconsultants / Independent Contractors</p> <p>Please identify the services that are performed on your behalf by others WITHOUT a written contract:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 55%; border-bottom: 1px solid black;"></td> <td style="width: 45%; text-align: right; vertical-align: top;"> Applicable Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ </td> </tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td></td></tr> </table>			Applicable Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____																
	Applicable Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____																		
<p>3. Does your Standard Contract with your Subcontractors / Subconsultants / Independent Contractors contain:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;"></td> <td>Hold harmless & Indemnification Clause in your favor</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Detailed Scope of Services Clause</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Requirement that you be Named as an Additional Insured on their CGL Policy</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Requirement that you be Grated a Waiver of Subrogation on their CGL Policy</td> </tr> </table>			Hold harmless & Indemnification Clause in your favor		Detailed Scope of Services Clause		Requirement that you be Named as an Additional Insured on their CGL Policy		Requirement that you be Grated a Waiver of Subrogation on their CGL Policy										
	Hold harmless & Indemnification Clause in your favor																		
	Detailed Scope of Services Clause																		
	Requirement that you be Named as an Additional Insured on their CGL Policy																		
	Requirement that you be Grated a Waiver of Subrogation on their CGL Policy																		
<p>4. Describe the Minimum Insurance Requirements of your Subconsultants and/or Subcontractors</p> <p>Commercial General Liability \$ _____</p> <p>Contractors Pollution Liability \$ _____</p> <p>Professional Liability \$ _____</p> <p>Do you require proof of Workers Compensation coverage from all Subconsultants / Subcontractors / Independent Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your firm collect Certificates of Insurance from All Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																			
<p>5. Do you use a standard indemnity contract with your clients? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please detail your contract procedures: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>																			

Form Completed By: _____ Date: _____



SITE SPECIFIC POLLUTION LIABILITY APPLICATION

NOTICE: If a policy is issued, amounts incurred for legal defense will reduce the limit of Liability available to pay judgments for settlements. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

APPLICANT		DATE	
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE #
COVERAGE REQUESTED <input type="checkbox"/> New Business <input type="checkbox"/> Third Party Pollution Liability <input type="checkbox"/> On Site Pollution Liability		PROPOSED EFFECTIVE DATE: PROPOSED RETROACTIVE DATE: LIMITS OF LIABILITY / DEDUCTIBLE Limits Requested: Deductible Requested:	
1. PROIR SITE POLLUTION LIABILITY CARRIER INFORMATION			
CARRIER	LIMIT OF LIABILITY	DEDUCTIBLE	RETRO ACTIVE DATE
PREMIUM			
Any policy or coverage declined, canceled or non-renewed during the prior three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:			
2. WHAT ARE THE APPLICANTS ESTIMATED GROSS SALES FOR THE NEXT 12 MONTHS? \$			
3. PROPERTY DESCRIPTION – Please complete the following for all locations you wish to be covered.			
LOCATION (address)	DESCRIPTION	ACREAGE	LENGTH OF OPERATIONS
a.			
b.			
c.			
d.			
e.			
4. DESCRIBE CURRENT OPERATIONS (FOR EACH LOCATION):			
5. LIST ALL STRUCTURES ON THE PROPERTY:			
6. PROVIDE A LIST OF ALL ADDITIONAL OCCUPANTS ON THIS PROPERTY (OWNED OR LEASED):			
7. PROVIDE A SITE HISTORY INCULDING PAST LAND USE AND THE TIME PERIOD OF EACH OPERATION:			

8. PROVIDE ALL PAST STORAGE AND DISPOSAL PRACTICES AT EACH SITE:				
9. DOES THIS SITE GENERATE, HANDLE, STORE OR DISPOSE OF ANY POTENTIAL HAZARDOUS MATERIAL:				
YES NO				
If yes, please complete the following: (use additional sheets or provide a complete schedule if necessary)				
A. Type and Quantity of Materials Generated, Handled, Stored or Disposed of:				
B. Is this site a Small Quantity Generator (SQG)?				
C. Is this site a Large Quantity Generator (LQG)?				
D. Describe the On Site Storage Practices and Storage Areas:				
E. Describe the Building(s) Fire Alarm & Suppression System:				
F. Describe the Disposal Methods Used:				
G. Describe the On Site Containment System:				
10. DOES THIS SITE HAVE ANY UNDERGROUND STORAGE TANKS?				
YES NO				
If yes, please complete the following: (use additional sheets or provide a complete schedule if necessary)				
	Tank 1	Tank 2	Tank 3	Tank 4
Date of Installation				
Tank Construction Material				
Piping Construction Material				
Capacity				
Material Stored				
Most Recent Tightness Test				
Tank Protection				
Tank Leak Detection				
Number of Monitoring Wells (Site)				
Is all above ground piping protected from accidental Mobile Equipment contact damage?				
Compliant with all UST Guidelines (Yes / No)				
11. DOES THIS SITE HAVE ANY ABOVEGROUND STORAGE TANKS?				
YES NO				
If yes, please complete the following: (use additional sheets or provide a complete schedule if necessary)				
	Tank 1	Tank 2	Tank 3	Tank 4
Date of Installation:				
Tank Construction Material:				
Tank Capacity:				
Material Stored:				
Diking Construction:				
Diking Capacity:				
Is all above ground piping protected from accidental Mobile Equipment contact damage?				
Describe your Storm Water Drainage Procedures:				

12. PROVIDE A DESCRIPTION OF ADJACENT PROPERTIES (Use additional sheets or provide a complete schedule for supplemental sites)			
North:			
South:			
East:			
West:			
13. IDENTIFY ALL NEARBY BODIES OF SURFACE WATER AND APPROXIMATE DISTANCE:			
14. ARE THERE ANY SENSITIVE ENVIRONMENTS WITHIN 1 MILE OF THE SITE (IE SCHOOLS, PARKS, ETC.)			
YES NO			
If yes, please complete the following: (use additional sheets or provide a complete schedule if necessary)			
15. IDENTIFY ALL NEARBY WATER WELLS AND APPROXIMATE DISTANCE:			
16. DOES THIS SITE TREAT, PROCESS, SEPARATE OR RECYCLE ANY OF THE FOLLOWING?			
YES NO			
If yes, please show percentage of each type of waste handled			
_____ Glass	_____ Household Garbage	_____ Household Hazardous Waste	
_____ Plastic	_____ Cardboard	_____ Appliances	
_____ Aluminum	_____ Oil / Oil Filters	_____ Commercial Solid Waste	
_____ Paper	_____ Fluorescent Lights	_____ Other (list below)	
A. Is your site fenced and locked to prevent trespassing while closed? Yes No			
B. Is the entrance controlled while the open for business? Yes No			
C. Do you allow the general public direct access to your site? Yes No			
D. Describe the Building(s) Fire Alarm & Suppression System:			
E. Describe the Any On Site Disposal Methods Used:			
F. Describe the On Site Containment System:			
17. DO YOU HAVE A LANDFILL ON SITE? YES NO			
If yes, please complete the following: (use additional sheets or provide a complete schedule if necessary)			
Acreage _____	Total Acres _____	Active Landfill _____	Closed Landfill _____ Vacant Land _____
A. Describe the type of waste collected:			
B. Is the Landfill Lined Yes No			
Type of Liner:			
Material:			
Thickness:			
C. Do you have a leachate collection system in place? Yes No			
D. How many Active Groundwater Monitoring Wells are in Place?			
E. Any Hazardous or Medical Waste Accepted? Yes No			
F. Is there any burning of Rubbish or other Materials allowed at the site? Yes No			
G. Is the landfill fenced and locked to prevent trespassing while closed? Yes No			
H. Is the Entrance Controlled while open for Business? Yes No			

18.	Have you during the last five years received any violations regarding any standard or law relating to the Release of a substance from the location(s) into sewers, rivers, air or onto land? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____ _____ If yes, have you ever been prosecuted? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
19.	Please describe any pollution claims which have occurred during the last five years, (if none, please state so): _____ _____ _____
20.	At the time of signing this application are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____ _____ _____
FRAUD WARNING: APPLICABLE TO ALL STATES Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.	
WARRANTY STATEMENT The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.	
Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing and false information, or conceals for the purpose of misleading, information concerning fact material thereto, contains a fraudulent insurance act, which is a crime.	
_____ (Signature)	
_____ (Title)	
_____ (Date)	

Veracity Insurance Solutions, LLC
 260 South 2500 West, Suite 303
 Pleasant Grove UT 84062
info@veracityins.com
 T: 866.395.1308
 F: 801.763.1374