



LIABILITY LANDFILL RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

GENERAL

ORGANIZATION NAME:

MAILING ADDRESS:

POSTAL CODE:

CONTACT:

PHONE #:

POSITION:

EMAIL:

SITE DETAILS

NAME OF OWNERS(S):

NAME OF OPERATOR(S):

NAME OF PREVIOUS OWNER(S):

LOCATION OF LANDFILL:

SIZE OF LANDFILL:

PERMEABILITY FACTOR - LANDFILL IS ON:

Sand Rock Clay

GROUNDWATER REGIME

Provide comments on aquifer, etc.

1. Who funds the operation of the landfill?

2. What date was the site first commissioned?

3. Prior to the date indicated in the question 2, was the site previously used for waste disposal? Yes No

a. If 'yes', please provide details:

4. Are full details of the site history and wastes previously deposited available? Yes No

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SITE DETAILS (CONT'D)

5. Indicate the nature of the site and proximity to residential or commercial property:

6. Indicate distance of nearest resident to the route of trucks that deliver to the landfill: _____
7. Is the site adjacent to another open or closed waste disposal site? Yes No
8. Indicate distance from any lake, river, or other body of water:

9. Does the scheduled location have any aboveground or underground storage tanks? Yes No
- a. If yes, please complete the attached tank supplement.

ENVIRONMENTAL MANAGEMENT

1. Has an environmental audit been done in the last ten years?
 Yes No
- a. If 'yes', indicate
Date: _____
Done by: _____
Please attach a copy for underwriters.
2. Does an up-to-date "Landfill Operations Manual" exist?
 Yes No
- a. If 'yes', is the existing manual followed? Yes No
- b. Does it conform to federal / provincial / municipal legislation or regulations? Yes No
- If 'no', please explain: _____

3. Is a groundwater monitoring program in place at the site?
 Yes No
4. Is a leachate collection and detection system on the site?
 Yes No
5. Have clay liners or plastic membranes been installed at the site? Yes No
- a. If 'yes', please provide details: _____

- b. If 'yes', indicate thickness: _____
Location: _____
6. Identify any recommendations made by a surveyor, or by a government or engineering authority that remain outstanding: _____

CLAIMS HISTORY: FUTURE CLAIMS POTENTIAL

1. Have there been any complaints, disputes, or hearings during the past five years in connection with the presence of the landfill?
 Yes No
- a. If 'yes', please provide full details: _____

2. Has any leachate been detected in wells on adjacent property? Yes No
- a. If yes, please provide full details: _____

3. Do you have any information that would indicate that a contaminated plume is in contact with groundwater or that leachate migration conditions exist at or on the site? Yes No
- a. If 'yes', please provide full details: _____

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CLAIMS HISTORY: FUTURE CLAIMS POTENTIAL (CONT'D)

4. Are you in possession of any specific information or construction knowledge of any circumstance that may lead to a claim under the policy applied for? Yes No

a. If 'yes', please provide details: _____

Please describe any pollution claims during the last five years. If none, please state.

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE

STORAGE TANK SUPPLEMENT

List of Locations with Aboveground or Underground Tanks

#	LEGAL ADDRESS	METHOD OF INVENTORY CONTROL
1		
2		
3		
4		
5		

Tank Data

#	AGT / UGT	CONSTRUCTION?	PRODUCE STORED	CAPACITY	YEAR INSTALLED	CATHODIC?	PROTECTION?	
							LEAK	DOUBLE LINE
1		<input type="checkbox"/> Steel <input type="checkbox"/> Fibreglass				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Steel <input type="checkbox"/> Fibreglass				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Steel <input type="checkbox"/> Fibreglass				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Steel <input type="checkbox"/> Fibreglass				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Steel <input type="checkbox"/> Fibreglass				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No