



**NON-OWNED DISPOSAL SITE POLLUTION LIABILITY SUPPLEMENT
(To be attached to the Site Specific Pollution Legal Liability Application)**

This supplement forms a part of the application to which it is attached.

DATE: _____

APPLICANT: _____

Please complete the following for each location to which your waste is delivered:

Name & address of facility	EPA ID #	Type of Facility (see codes below)	Type of material delivered	Amount & frequency

Facility Codes:

- Comp** – Composting Facility
- CDL** – Construction Debris Landfill
- Land** – Landfarm
- Mono** – Monofill
- Trans** – Transfer Station

- Rec. Non-Haz** – Recycling Facility (Non-Hazardous)
- Rec. Haz** – Recycling Facility (Hazardous Material)
- MSW** – Municipal Solid Waste Facility
- Incin.** – Incinerator
- Other** – Other (Please describe)



ROCK HILL
INSURANCE COMPANY

Is a standard written contract utilized with the above locations? Yes No

If yes, please attach a copy of the contract.

Do you require written evidence of pollution liability coverage from these facilities? Yes No

In the past 5 years, have there been any claims or circumstances including, but not limited to, contribution actions at any non-owned location for which you have been responsible or contributed toward payment for claims for cleanup, bodily injury, or property damage?

Yes No

If yes, please attach complete details.

Are you aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against you for environmental cleanup or for bodily injury or property damage arising from the release of pollutants at any non-owned location?

Yes No

If yes, please attach complete details.

FORM COMPLETED BY: _____ DATE: _____

SIGNATURE: _____