

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: _____