



## Great American Insurance Group

### Renewal Application for Closure and Post Closure Financial Assurance

**Notice:** This Renewal Application forms a part of the Application for Environmental Insurance.

**Instructions:** Answer all questions completely. If necessary, please provide additional supporting information on a separate sheet and reference the applicable question number.

**Required Attachments:**

- If you are not a public company, a copy of the most recent audited financial statement.

1. Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

2. Landfill or Treatment Unit Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

3. U.S. EPA Identification Number for the Landfill or Treatment Unit: \_\_\_\_\_

4. Expected Closure Date: \_\_\_\_\_ Remaining Capacity: \_\_\_\_\_

5. Have there been any changes to the ownership structure of the Named Insured?  YES  NO

If yes, please describe: \_\_\_\_\_

6. Have there been any changes to the required limits?  YES  NO

If yes, please indicate: Final Closure Cost: \$ \_\_\_\_\_ Post Closure Cost: \$ \_\_\_\_\_

Corrective Action Cost: \$ \_\_\_\_\_ Any Other Cost Requiring Financial Assurance: \$ \_\_\_\_\_

7. Are there any plans to apply for an expansion of the Capacity?  YES  NO

If yes, please describe: \_\_\_\_\_

8. Have there been any significant changes to the approved Closure/Post Closure Plan?  YES  NO

If yes, please submit an updated plan or any revisions to the existing plan.

9. Are you aware of any conditions that may lead to a full or partial closure at this Landfill or Treatment Unit prior to the expected closure date?  YES  NO

If yes, please explain: \_\_\_\_\_

It is acknowledged by the Applicant that this Renewal Application is considered part of the Application for Environmental Insurance and is subject to the same terms and conditions.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_