



Main Office
 397 Eagleview Blvd.
 Suite 100
 Exton, PA 19341

Application for Closure and Post Closure Financial Assurance

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

Required Attachments:

- Please provide copies of your latest Closure and Post Closure Plans approved by the regulatory agency.
- Please provide copies of your last two (2) years of financial statements and/or 10K reports.
- Please note, Supplemental Applications, if any, are considered part of this application and are subject to the same terms and conditions.

NOTICE: The coverage applied for is solely as stated in the Policy and any endorsement(s) attached thereto.

General Information

1.	Name of Applicant _____
	Principal Contact _____
	E-mail Address _____
	Mailing Address _____
	Telephone # _____
	Website http:// _____
	Years in Business _____
2.	Desired effective date of coverage _____
3.	Location name _____
	Address _____
	City _____ State _____ Zip _____
4.	Please describe the type of operation at this location _____
5.	U.S. EPA Identification Number for this Location _____
6.	Describe the Operations, Units or Areas subject to Closure and/or Post Closure Costs _____
7.	Year Operations Began _____ Remaining Life Expectancy _____

General Information *Continued*

8. For Landfills, please complete the following:

Total Size (acreage) _____ Total Permitted Capacity _____

Capacity Used _____ Capacity Remaining _____

Number of cells _____ **Yes** **No**Any previous cells closed? **If yes**, please describeAre there any plans to apply for an expansion of the Capacity? **If yes**, please describe

9. Final Closure Cost for this Location _____ Partial Closure Cost _____

Post Closure Cost for this Location _____ Year of Post Closure Care _____

Are there any other costs that require Financial Assurance? **If yes**, please describe

10. What is the Regulatory Body responsible for the oversight/review of the Closure/Post Closure for this Location?

11. Any known conditions that may lead to a full or partial closure at this Location prior to the expected closure date? **If yes**, please describe12. Are there any Closure and/or Post Closure financial mechanisms currently in place for this location? **If yes**, please describe13. Any previous Closure and/or Post Closure Insurance purchased? **If yes**, please describe14. Within the last five (5) years have any claims been made or legal actions (including regulatory actions) been brought against any prospective Insureds? 15. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents? 16. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them? 17. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy? **If the answer to question 14., 15., 16., or 17. above was yes**, please provide a description of the circumstance or claim (detail the actual or alleged incident, location, date, type of injury and/or damage, etc.). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again.

Warranty, Authorized Signature and Continuing Duty To Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American Insurance Company and its affiliates and made a part of this application:

1. Will be relied upon by Great American Insurance Company and its affiliates in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Title _____

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Signed by Licensed Resident Agent _____

(Where Required By Law)

This Statement is provided to you with the insurance application or claim form that you are filing. Read the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

Insurance Fraud Warning Statement

ALABAMA §27-12A-20	At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
ALASKA §21.36.380	All insurance claim forms: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA §20-466.03	All insurance claim forms: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS §23-66-503	Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA §1871.2 §1879.2	All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO §10-1-128	All insurance applications, or all policy forms, or all claim forms: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
DELAWARE 11 §913	All insurance claim forms: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
DISTRICT OF COLUMBIA §22-3225.09	All insurance applications and claim forms: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
FLORIDA §817.234	All insurance applications and claim forms: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
IDAHO §41-1331	All insurance claim forms: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
INDIANA §27-2-16-3	All insurance claim forms: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
KENTUCKY §304.47-030	All insurance claim forms: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. All insurance application forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
LOUISIANA §40:1424	All insurance applications and claim forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE 24-A §2186(3)(A)	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
MARYLAND §27-805	All insurance applications and claim forms: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MINNESOTA §60A.955	All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Insurance Fraud Warning Statement *Continued*

NEW HAMPSHIRE §402:82	All insurance claim forms: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.
NEW JERSEY §17:33A-6 NJAC 11:16-1.2	All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NEW MEXICO §59A-16C-8	All insurance applications and claim forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
NEW YORK §403(d) 11 NYCRR §86.4	All insurance applications and claim forms except auto: 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OHIO §3999.12	All insurance applications and claim forms: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
OKLAHOMA §3613.1	All insurance applications, policy and claim forms: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
PENNSYLVANIA 18 Pa.C.S. § 4117	All insurance applications and claim forms: 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.
RHODE ISLAND §27-29-13.3 §27-54.1-3	All insurance applications and claims forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
TENNESSEE §56-53-111	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
TEXAS §704.002(a)	All insurance claim forms: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
VIRGINIA §52-40	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WASHINGTON §48.135.080	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WEST VIRGINIA §33-41-3	All insurance applications and claim forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.