



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

Supplemental Application for Closure and Post Closure Financial Assurance

Name Insured _____

NOTICE: This supplemental application forms a part of the Application for Environmental Insurance.

Instructions:

- 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.

Supplemental Information

Yes No

1. Location name _____

Address _____

City, state, zip _____

2. Please describe the type of operation at this location

3. U. S. EPA Identification Number for this Location _____

4. Describe the Operations, Units or Areas subject to Closure and/or Post Closure Costs

5. Year Operations Began _____ Remaining Life Expectancy _____

6. For Landfills, please complete the following:

Total Size (acorage) _____ Total Permitted Capacity _____

Capacity Used _____ Capacity Remaining _____

Number of cells _____ Any previous cells closed: Yes No

If yes, please describe

Are there any plans to apply for an expansion of the Capacity: Yes No

If yes, please describe

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

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

Any other costs that require Financial Assurance Yes No

If yes, please describe

Supplemental Information *Continued*

Yes No

8. Regulatory Body responsible for the oversight/review of the Closure/Post Closure for this Location

9. Any known conditions that may lead to a full or partial closure at this Location prior to the expected closure date?

If yes, please explain

10. Are there any Closure and/or Post Closure financial mechanisms currently in place for this Location?

If yes, please explain

11. Any previous Closure and/or Post Closure Insurance purchased?

If yes, please explain

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

Applicant's Initials _____ **Date** _____