



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

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.

Renewal Information	Yes	No
1. Name of 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? If yes , please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Have there been any changes to the required limits? If yes , please indicate: Final Closure Cost: _____ Post Closure Cost: _____ Corrective Action Cost: _____ Any Other Cost Requiring Financial Assurance: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any plans to apply for an expansion of the Capacity? If yes , please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Have there been any significant changes to the approved Closure/Post Closure Plan? If yes , please submit an updated plan or any revisions to the existing plan.	<input type="checkbox"/>	<input type="checkbox"/>
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? If yes , please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

Print Name and Title: _____