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LANDFILL QUESTIONNAIRE – FOR THIRD PARTY POLLUTION COVER

As a stand-alone policy or supplement to Environmental Impairment Liability Application

NEW AND RENEWAL PROPOSALS CLAIMS MADE COVERAGE

SITE DETAILS:

1. NAME OF OWNER(S): _____

2. NAME OF OPERATOR(S): _____

If Operator is under contract, indicate term and scope of contract or attach relevant tender specifications

3. NAME OF PREVIOUS OWNER(S): _____

4. LOCATION OF LANDFILL: _____

5. SIZE OF LANDFILL: _____

Is it composed of cells? Yes No If Yes; please indicate number: Open _____ Closed _____ Planned _____

Is there active waste sorting, composting, recycling or treatment processes undertaken at the site? Yes No

If Yes; please provide details. _____

6. PERMEABILITY FACTOR

Indicate if landfill is on: Sand Rock Clay Artificial liners/geotextiles

7. GROUNDWATER REGIME

Provide details on the groundwater or aquifer:

8. WHO FUNDS THE OPERATION OF THE LANDFILL?

9. WHAT DATE WAS THE SITE FIRST COMMISSIONED? _____

Are there sections of the landfill that have been closed? Yes No

If Yes, has a closure plan been filed? Yes No

Is ongoing monitoring of leachate conducted Yes No

Please provide full details: _____

10. PRIOR TO THE DATE IN QUESTION 9, WAS THE SITE PREVIOUSLY USED FOR WASTE DISPOSAL?

Yes No If yes, explain: _____

11. ARE FULL DETAILS OF SITE HISTORY AND WASTES PREVIOUSLY DEPOSITED AVAILABLE?

Yes No

12. INDICATE NATURE OF, AND PROXIMITY TO OTHER PROPERTIES:

	NORTH	EAST	SOUTH	WEST
Type of property				
Distance Kms				
Potable water wells?				

Type of property: A - agricultural, R- residential, C - commercial or I - industrial

Indicate distance to closest potable water wells? _____

13. INDICATE DISTANCE OF NEAREST RESIDENCE TO ROUTE OF TRUCKS THAT DELIVER TO THE LANDFILL _____

14. IS THE SITE ADJACENT TO ANOTHER OPEN OR CLOSED WASTE DISPOSAL SITE?

Yes No

15. INDICATE DISTANCE FROM ANY LAKE, RIVER OR OTHER BODY OF WATER: _____

16. DOES THE SCHEDULED LOCATION HAVE ANY ABOVEGROUND OR UNDERGROUND STORAGE TANKS?

Yes No If yes, please complete the following.

TANK DATA (attach separate tank supplement if necessary)								
LOCATION NO.	AGT OR UGT	CONSTRUCTION STEEL, FIBREGLASS OR OTHER	PRODUCT STORED	CAPACITY	YEAR INSTALLED	CATHODIC PROTECTION	LEAK DETECTION	DOUBLE LINED
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of these tanks known to be leaking? Yes No If yes, please provide full details: _____

Please indicate method of inventory control _____

Are any of the tanks scheduled for replacement or removal within the next 12 months? Yes No

If yes, please provide full details: _____

ENVIRONMENTAL MANAGEMENT:

17. HAS AN ENVIRONMENTAL AUDIT BEEN DONE IN THE LAST TEN YEARS? Yes No

If yes, indicate date: Done By: _____

Please attach a copy for underwriters.

18. DOES AN UP-TO-DATE "LANDFILL OPERATIONS MANUAL" EXIST? Yes No

If yes,

(a) Is it followed? Yes No

(b) Does it conform to Federal/Provincial Municipal legislation or regulations? Yes No

If no, explain: _____

19. IS A GROUNDWATER MONITORING PROGRAM IN PLACE AT THE SITE? Yes No

If yes, does the monitoring program include testing for "organics"? Yes No

20. IS A LEACHATE COLLECTION AND DETECTION SYSTEM ON THE SITE? Yes No

21. HAVE CLAY LINERS, PLASTIC MEMBRANES OR OTHER GEOTEXTILES BEEN INSTALLED AT THE SITE? Yes No

If yes, describe including thickness and location _____

22. PLEASE DESCRIBE ODOUR CONTROL PROTOCOLS AND MITIGATION PROCEDURES.

23. IDENTIFY ANY RECOMMENDATIONS MADE BY A SURVEYOR, OR BY A GOVERNMENT OR ENGINEERING AUTHORITY THAT REMAIN OUTSTANDING:

CLAIMS HISTORY: FUTURE CLAIMS POTENTIAL

24. HAVE THERE BEEN ANY COMPLAINTS, DISPUTES OR HEARINGS DURING THE PAST FIVE YEARS IN CONNECTION WITH THE PRESENCE OF THE LANDFILL?

Please include odour complaints, zoning disputes or eminent domain issues. Yes No

If yes, provide full details: _____

25. HAS ANY LEACHATE BEEN DETECTED IN WELLS ON ADJACENT PROPERTY? Yes No

If yes, provide details: _____

26. DOES THE APPLICANT HAVE ANY INFORMATION THAT WOULD INDICATE THAT A CONTAMINATED PLUME IS IN CONTACT WITH GROUNDWATER OR THAT LEACHATE MIGRATION CONDITIONS EXIST AT, FROM OR ON THE SITE? Yes No

If yes, provide details: _____

27. IS THE APPLICANT IN POSSESSION OF ANY SPECIFIC INFORMATION OR CONSTRUCTIVE KNOWLEDGE OF ANY CIRCUMSTANCE THAT MIGHT LEAD TO A CLAIM UNDER THE POLICY APPLIED FOR? Yes No

If yes, provide details: _____

THIS QUESTIONNAIRE/SUPPLEMENT TOGETHER WITH THE ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION (IF APPLICABLE) TO WHICH IT IS ATTACHED, CONSTITUTE THE APPLICANTS MATERIAL REPRESENTATIONS AND WILL BE RELIED UPON BY THE INSURERS AND FORM THE BASIS OF ANY POLICY THAT MAY BE ISSUED.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____



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