



# LANDFILL QUESTIONNAIRE FOR THIRD PARTY POLLUTION COVER

## NEW AND RENEWAL PROPOSALS

This form is to be completed and signed by an authorized officer of the Applicant

### SITE DETAILS

1. Name of Owner(s): \_\_\_\_\_

2. Name of Operator(s): \_\_\_\_\_

3. Name of Previous Owner(s): \_\_\_\_\_

4. Location of Landfill: \_\_\_\_\_

5. Size of Landfill: \_\_\_\_\_

6. Permeability Factor: Indicate if landfill is on  Sand  Rock  Clay

7. Groundwater Regime: Provide comments on aquifer, etc"

8. Who funds the operation of the Landfill: \_\_\_\_\_

9. What date was the site first commissioned: \_\_\_\_\_

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 residential or commercial property:

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 attached tank supplement.**

**ENVIRONMENTAL MANAGEMENT**

17. Has an environmental audit been done during the last five years?  Yes  No  
If Yes, please indicate:

Date of survey: \_\_\_\_\_ Done by: \_\_\_\_\_

**Please provide 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 or plastic membranes been installed at the site?  Yes  No  
If Yes, describe:

If Yes, indicate thickness: \_\_\_\_\_ Location: \_\_\_\_\_

22. Identify any recommendations made by a surveyor, or by a government or engineering Authority that remain outstanding:

**CLAIMS HISTORY: FUTURE CLAIMS POTENTIAL**

23. Have there been any complaints, disputes or hearings during the past five years in connection with the presence of the landfill?  Yes  No  
If Yes, provide full details:

24. Has any leachate been detected in wells on adjacent property?  Yes  No  
If Yes, provide details:

25. Do you have any information that would indicate that a contaminated plume is in contact with groundwater or that leachate migration conditions exist at or on the site?  Yes  No  
If Yes, provide details:

26. Are you 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:

27. Please describe any pollution claims during the last five years. If none, please so state:

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.**

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**

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## STORAGE TANK SUPPLEMENT

LIST OF LOCATIONS HAVING ABOVE OR UNDERGROUND TANKS:

LEGAL ADDRESS

METHOD OF INVENTORY CONTROL


## TANK DATA

LOCATION NO.	ABOVE OR UNDERGROUND	CONSTRUCTION STEEL OR FIBERGLASS	PRODUCT STORED	CAPACITY	YEAR INSTALLED	PROTECTION: INDICATE YES OR NO		
						CATHODIC YES - NO	LEAK DETECTION YES - NO	DOUBLE LINED YES - NO