



Non-Owned Disposal Site Coverage Supplemental Application

General Information:

Name of Account: _____

Underwriting Information:

Are you asking for the disposal sites to be scheduled (S) or written on a blanket (B) basis? (There is a premium discount for scheduling them.)	
How many facilities have you utilized in the past 12 months?	
How many do you expect to use in the coming 12 months?	
How many trips do you expect to make to disposal facilities in the next 12 months?	
What percent of the materials you dispose of are manifested?	
On what percent of the trips to disposal sites do you use your own drivers and vehicles?	
Have you ever been named as a Potentially Responsible Party (PRP)?	
What percent of the time do you choose the disposal site?	

Type and Percent of Waste:

Type of Waste	Percent
Building construction debris - no Asbestos Containing Materials or Lead Based Paint	
Building construction debris - possible Asbestos Containing Materials or Lead Based Paint	
Street & Road construction debris	
Tires	
Solid hazardous waste	
Liquid hazardous waste	
Other:	

Signed: _____ Date: _____

Print Name and Title: _____