

Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190
Burnsville, MN 55337
1-800-552-0013 or 952-641-0260
Fax: 952-641-0274 www.mjua.org

LANDFILL COMMERCIAL GENERAL LIABILITY INSURANCE
RENEWAL APPLICATION
CLAIMS MADE INSURANCE

Policy Number: _____

1. Named insured: _____

Mailing address: _____

City, State, Zip: _____ County: _____

Phone: _____ Email: _____
2. Number of years in operation: _____
3. Do you agree that the policy being applied for excludes all pollution-related claims, including clean-up, and all costs associated with closure and post-closure requirements imposed by state or federal regulations? ___ Yes ___ No
4. Do you agree that the policy being applied for excludes coverage for claims arising out of products or completed operations? ___ Yes ___ No
5. Describe the facility's proximity to the nearest residential area.

6. Is the landfill fenced? ___ Yes ___ No If yes, describe the type of fence.

7. Is the landfill guarded nights and weekends? ___ Yes ___ No
8. Describe the use of the landfill site. Is it used by other waste haulers? Is it open to the public? _____

9. Are loads inspected before being accepted for disposal? ___ Yes ___ No

10. Does the landfill have a current permit to operate? ___ Yes ___ No

Permit Number: _____ Expiration date of permit: _____

11. How many acres does the entire landfill site cover? _____

How many acres in active use? _____

12. What are your total annual receipts for garbage, refuse and solid waste collection?

13. What is your total annual payroll for garbage, refuse and solid waste collection?

14. List the hours of operation for the Landfill: _____

15. What types of waste are accepted?

Municipal solid waste	Yes	No
Special or residual industrial	Yes	No
Incinerator ash residue	Yes	No
Infectious waste	Yes	No
Demolition & construction waste	Yes	No
Waste water treatment sludge	Yes	No
Asbestos	Yes	No

Does the insured conduct any activities outside the state of Minnesota for which the insured is obtaining insurance from MJUA?

___ No ___ Yes

If Yes, identify the percentage amount of the insured's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

Is the insurance for which the insured is obtaining from MJUA required by statute, ordinance, or otherwise required by Minnesota law?

_____ No _____ Yes

If Yes, identify the statute, ordinance, or Minnesota law requiring such insurance.

Does the insured understand that the insurance obtained through MJUA does not cover, and will not indemnify, the insured for any liability or loss arising from the insured's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.

_____ No _____ Yes

To this application, the following materials must be attached:

- A. The most recent inspection report of the MN Pollution Control Agency;
- B. An operating/engineering plan that includes the following:
 - 1. a description of materials acceptable and not acceptable for disposal in the facility;
 - 2. procedures and methods for distribution, compacting and covering of disposed material; and
 - 3. methods for preventing the development and accumulation of methane gas
- C. Copy of permit issued by the MN Pollution Control Agency
- D. Requirement/Ordinance from county for higher liability limits

SIGNATURES

I declare to the best of my knowledge that all statements here in are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Insured's Signature: _____ Date: _____

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____