



Great American Insurance Group
Supplemental Application for Closure and Post Closure Financial Assurance

Named Insured: \_\_\_\_\_

Notice: This supplemental application forms a part of the Application for Environmental Insurance.

Instructions:

- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and subject to the same terms and conditions.

Required Attachments:

- Please provide copies of your latest Closure and Post Closure Plans approved by the regulatory agency.

1. Location Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

2. Please describe the type of operation at this Location: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

3. U. S. EPA Identification Number for this Location: \_\_\_\_\_

4. Describe the Operations, Units or Areas subject to Closure and/or Post Closure Costs:

\_\_\_\_\_
\_\_\_\_\_

5. Year Operations Began: \_\_\_\_\_ Remaining Life Expectancy: \_\_\_\_\_

6. For Landfills, please complete the following:

Total Size (acreage): \_\_\_\_\_ Total Permitted Capacity: \_\_\_\_\_

Capacity Used: \_\_\_\_\_ Capacity Remaining: \_\_\_\_\_

Number of Cells: \_\_\_\_\_ Any previous cells closed: [ ] YES [ ] NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_
Are their any plans to apply for an expansion of the Capacity: [ ] YES [ ] NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

7. Final Closure Cost for this Location: \$\_\_\_\_\_ Partial Closure Cost: \$\_\_\_\_\_

Post Closure Cost for this Location: \$\_\_\_\_\_ Years of Post Closure Care: \_\_\_\_\_

Any other costs that require Financial Assurance:  YES  NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

8. Regulatory Body responsible for the oversight/review of the Closure/Post Closure for this Location: \_\_\_\_\_

\_\_\_\_\_

9. Any known conditions that may lead to a full or partial closure at this Location prior to the expected closure date?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

10. Are there any Closure and/or Post Closure financial mechanisms currently in place for this Location?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Any previous Closure and/or Post Closure Insurance purchased?  YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

It is acknowledged by the applicant that this Supplemental Application is considered part of the Application for Environmental Insurance and is subject to the same terms and conditions.

\_\_\_\_\_ Applicant's Initials.