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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

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22. PLEASE DESCRIBE ODOUR CONTROL PROTOCOLS AND MITIGATION PROCEDURES.

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

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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: \_\_\_\_\_

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

If Yes, provide details: \_\_\_\_\_

25. 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: \_\_\_\_\_

26. 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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