



ENVIRONMENTAL APPLICATION

NON-OWNED DISPOSAL SITE COVERAGE

LOCATION DESCRIPTION

NAME OF APPLICANT:	DATE:
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1. Does the applicant take possession of hazardous waste? Yes No

2. Does the applicant arrange for disposal of hazardous waste? Yes No

3. Please indicate what type of facility do you deliver material to?

Composting Facility	Mono-fill	Recycling (Hazardous)	
Construction Debris Landfill	Transfer Station	Municipal Waste Facility	
Land farm	Recycling (Non-hazardous)	Incinerator	

Name of Facility	Address of Facility	EPA ID #

1. Is a standard written contract utilized with any or all of the above locations? Yes No
 A. Is evidence of pollution coverage required from each of these facilities? Yes No

2. Are you aware of any claims both closed and opened that have been previously made aware regarding any non-owned location for which you have been responsible for or contributed payment towards? Yes No if yes please attach complete details

Signature _____

Title _____

Date _____

Roush Insurance Services, Inc.

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